

SERFF Tracking Number:	EMCC-125637705	State:	Arkansas
First Filing Company:	EMC Property & Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CA-2008-05		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	/		

Filing at a Glance

Companies: EMC Property & Casualty Company, EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Commercial Auto	SERFF Tr Num: EMCC-125637705	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AR-CA-2008-05	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Jo Byers	Disposition Date: 05/12/2008
	Date Submitted: 05/07/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/12/2008	
State Status Changed: 05/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
May 7, 2008	

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.

SERFF Tracking Number: EMCC-125637705 *State:* Arkansas
First Filing Company: EMC Property & Casualty Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: AR-CA-2008-05
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21407
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
EMC PROPERTY & CASUALTY COMPANY – 062-25186
Commercial Auto Form Filing
Introduce New Companies
Company File # AR-CA-2008-05
Effective: July 1, 2008

We are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company. These companies are members of the EMC Insurance Companies group. We currently have the Commercial Auto program on file with your department under Employers Mutual Casualty Company and EMCASCO Insurance Company. These new companies will be available for policies written on or after July 1, 2008.

The decision to introduce these new companies is based on the competitive market place and will allow us to compete on a more competitive level. Our currently filed forms and endorsements for this program will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

Our Commercial Auto and Garage declarations and schedules have been amended to include all state specific wording required for all the states. By doing so, we have created countrywide declarations and schedules, which will be applicable in all states. Only the specific state wording applicable in your state will be displayed when a policy is issued.

Furthermore, we have revised our declarations and schedules to only display one policy Uninsured/Underinsured limit and premium charge rather than showing a per vehicle limit and per vehicle premium charge. The Uninsured and Underinsured sections have been blocked out so premiums will no longer be entered on individual vehicles. In addition, the declarations and schedules will now display all Uninsured and Underinsured variations. The coverages and the corresponding premiums are not being revised, only the text on the declarations. We have created a new declaration to display the Uninsured/Underinsured state, limit, and premium. CA7093 (4-08) and CA7093A (4-08) Commercial Auto Declarations, Item 2 are attached.

<i>SERFF Tracking Number:</i>	<i>EMCC-125637705</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-CA-2008-05</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

We are also introducing endorsement CA7313 (10-01) Prejudgment Interest. This endorsement clarifies that prejudgment interest is included under the supplementary payments section of the policy. We believe that previously it was not clear how this coverage should be addressed under the auto policy. There is no additional charge for this coverage.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, Form Memorandum, Marked up Forms, Forms List, and final printed copies of our endorsements.

We respectfully request your approval of this filing, to be applicable to policies written on or after July 1, 2008. Thank you.

Jo L. Byers, Filings Analyst
 Rates and Filings Dept.
 (800) 247-2128 Ext. 2707
 jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst	Jo.L.Byers@EMCIns.com
PO Box 712	(800) 247-2128 [Phone]
Des Moines, IA 50306-0712	(515) 345-2223[FAX]

Filing Company Information

EMC Property & Casualty Company	CoCode: 25186	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 63-0329091	

EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-6070764	

SERFF Tracking Number: EMCC-125637705 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-2008-05
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

Union Insurance Company of Providence CoCode: 21423 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 05-0230479

SERFF Tracking Number:	EMCC-125637705	State:	Arkansas
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Company Tracking Number:	AR-CA-2008-05		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$0.00	05/07/2008	
EMCASCO Insurance Company	\$0.00	05/07/2008	
Employers Mutual Casualty Company	\$50.00	05/07/2008	20141098
Union Insurance Company of Providence	\$0.00	05/07/2008	

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<i>Company Tracking Number:</i>	<i>AR-CA-2008-05</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

SERFF Tracking Number:	EMCC-125637705	State:	Arkansas
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Company Tracking Number:	AR-CA-2008-05		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	/		

Disposition

Disposition Date: 05/12/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: EMCC-125637705 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-2008-05
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Memorandum	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Marked up forms	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Item Three Schedule of Covered Autos You Own	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Garage Supplementary Schedule	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Item Three Schedule of Covered Autos You Own	Approved	Yes
Form	Garage Coverage Form Declarations	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Commercial Auto Declarations Item Two	Approved	Yes
Form	Commercial Auto Declarations Item Two	Approved	Yes
Form	Prejudgment Interest	Approved	Yes

SERFF Tracking Number: EMCC-125637705 State: Arkansas
 First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AR-CA-2008-05
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Declarations	CA7000	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7000_200804.pdf
Approved	Item Three Schedule of Covered Autos You Own	CA7001	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7001_200804.pdf
Approved	Garage Declarations	CA7010	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7010_200804.pdf
Approved	Garage Supplementary Schedule	CA7015	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7015_200804.pdf
Approved	Commercial Auto Declarations	CA7000A	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7000a_200804.pdf
Approved	Item Three Schedule of Covered Autos You Own	CA7001A	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7001a_200804.pdf
Approved	Garage Coverage Form Declarations	CA7010A	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7010a_200804.pdf
Approved	Garage Declarations	CA7015A	4-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		CA7015a_200804.pdf
Approved	Commercial Auto Declarations Item Two	CA7093	4-08	Declaration New s/Schedule		0.00	CA7093_200804.pdf
Approved	Commercial Auto Declarations Item Two	CA7093A	4-08	Declaration New s/Schedule		0.00	CA7093a_200804.pdf
Approved	Prejudgment	CA7313	10-01	Endorseme New			CA7313_200

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<i>Company Tracking Number:</i>	<i>AR-CA-2008-05</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Interest

**nt/Amendm
ent/Condi
tions**

110.pdf

COMMERCIAL AUTO DECLARATIONS

PRIOR
POL. NO.

- ☐ BUSINESS AUTO COVERAGE FORM
☐ TRUCKERS COVERAGE FORM
☐ MOTOR CARRIER COVERAGE FORM

POLICY
NUMBER

ITEM ONE

Policy Period From: _____ To: _____
(12:01 AM Standard Time at Your Mailing Address Shown Below)

Named Insured _____

Mailing Address _____

The Named Insured is ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other _____

In return for the payment of the premium and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

Producer _____

EMC Insurance Companies

- ☐ Employers Mutual Casualty Company ☐ Dakota Fire Insurance Company
☐ EMCASCO Insurance Company ☐ Illinois EMCASCO Insurance Company
☐ Union Insurance Company of Providence ☐ EMC Property & Casualty Company
☐ Hamilton Mutual Insurance Company

(Coverage Provided by the Company Designated ☒ Above)

PREMIUM FOR ENDORSEMENTS	\$
*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
OPTIONAL BASIC ECONOMIC LOSS		\$	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS (Including Underinsured Motorists)		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
UNINSURED AND UNDERINSURED MOTORISTS		\$	\$
UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE		\$ EACH ACCIDENT	\$
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$

TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		See Schedule for limit for each disablement of a private passenger auto.	\$
			\$
NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE			\$
AUTOMOBILE THEFT PREVENTION AUTHORITY FEE (SEE ENCLOSED EXPLANATION)			\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

*This policy may be subject to final audit.

**The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "8" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

POLICY NUMBER: _____

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN**

	DESCRIPTION				PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1					\$	\$		
2					\$	\$		
3					\$	\$		
4					\$	\$		
5					\$	\$		
	CLASSIFICATION							
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.	Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
1								
2								
3								
4								
5								
Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$			\$

POLICY NUMBER: _____

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	AUTO MEDICAL PAYMENTS		UNINSURED/UNDERINSURED MOTORISTS		SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS*	
	Limit	Premium				
1	\$	\$				
2	\$	\$				
3	\$	\$				
4	\$	\$				
5	\$	\$				
Total Premium		\$				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	OPTIONAL BASIC ECONOMIC LOSS		COMPREHENSIVE	
	Limit	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

*The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

POLICY NUMBER: _____

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	SPECIFIED CAUSES OF LOSS			COLLISION		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	
1	\$	\$		\$	\$	
2	\$	\$		\$	\$	
3	\$	\$		\$	\$	
4	\$	\$		\$	\$	
5	\$	\$		\$	\$	
Total Premium		\$			\$	

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	TOWING & LABOR					
	Limit Per Disablement	Premium				
1	\$	\$				
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$

GARAGE DECLARATIONS

PRIOR
POL. NO.

POLICY
NUMBER

ITEM ONE

Policy Period From: _____ To: _____
(12:01 AM Standard Time at Your Mailing Address Shown Below)

Named Insured _____

Mailing Address _____

The Named Insured is ☐ Individual ☐ Corporation ☐ Partnership ☐ Ltd Liab. Co. ☐ Other _____

In return for the payment of the premium and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

Producer _____

EMC Insurance Companies

☐ Employers Mutual Casualty Company

☐ EMCASCO Insurance Company

☐ Union Insurance Company of Providence

☐ Hamilton Mutual Insurance Company

☐ Dakota Fire Insurance Company

☐ Illinois EMCASCO Insurance Company

☐ EMC Property & Casualty Company

(Coverage Provided by the Company Designated ☒ Above)

PREMIUM FOR ENDORSEMENTS	\$
*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.	
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

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SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
LIABILITY		Each "Accident" "Garage Operations"		Aggregate – "Garage Operations"	\$
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.			\$
OPTIONAL BASIC ECONOMIC LOSS		\$			\$
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS \$_____ EACH PERSON INCOME LOSS BENEFITS \$_____ EACH PERSON			\$
UNINSURED AND UNDERINSURED MOTORISTS		\$			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

SUPPLEMENTARY UNINSURED/UNDERINSURE D MOTORISTS**		\$	\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT	\$
GARAGEKEEPERS COLLISION COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE TOWING AND LABOR (Non-Dealers Only)		See Schedule for limit for each disablement of a private passenger auto.	\$
NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE			\$
AUTOMOBILE THEFT PREVENTION AUTHORITY FEE(SEE ENCLOSED EXPLANATION)			\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

*This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN " 28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

**The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

GARAGE SUPPLEMENTARY SCHEDULE

☐ **DEALERS' — ITEM NINE** (Schedule of Covered Autos which are furnished to someone other than a Class I or II Operator or which are insured on a specialized car basis.

POLICY
NUMBER

☐ **NON DEALERS' AND TRAILER DEALERS' — ITEM SEVEN**

Named Insured _____

ITEM SEVEN

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			PURCHASED				TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Original Cost New	Actual Cost & NEW (N) USED (U)			Town & State Where The Covered Auto Will Be Principally Garaged	
1				\$					
2				\$					
3				\$					
4				\$					
5				\$					
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
Liab.					Phy. Dam.				
1									
2									
3									
4									
5									

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limited Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium			\$	\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	UNINSURED & UNDERINSURED MOTORISTS			
1				
2				
3				
4				
5				
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	COMPREHENSIVE			SPECIFIED CAUSES OF LOSS	
	Limit	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
	Stated Amount Only				
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
Total Premium			\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	COLLISION			TOWING & LABOR	
	Limit	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
	Stated Amount Only				
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
Total Premium			\$		\$

Covered Auto No.	Person or organization to which the Covered “Auto” has been furnished (Do not include Covered “Autos” which have been furnished to Class I or Class II operators.)
1	
2	
3	
4	
5	

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PRIOR POL NO: XXX-XX-XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
(MOTOR CARRIER)

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

-----*
* POLICY NUMBER *
* 9 X 9 - 9 9 - 9 9 ---88 *

ITEM ONE:

N A M E D I N S U R E D :

P R O D U C E R :

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXZIPXXXX

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXZIPXXXX
AGENT NO: XX-XXX-X

AGENT PHONE: (999)999-9999

XXXXXXXXXX X XXXXXXXXXXXXXXXX

DIRECT (AGENCY) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXX BUSINESS DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE COMMERCIAL AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE.

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX (BI) DEDUCTIBLE	..\$X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX PD DEDUCTIBLE	..\$X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS		SEPARATELY STATED IN EACH. MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON	..\$X,XXX,XXX.XX
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	.. X,XXX,XXX.XX
ADDED PERS. INJ. PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	.. X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	.. X,XXX,XXX.XX
AUTO MEDICAL PAYMENTS	XXXXXXXXXXXX	\$XX,XXX	.. X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	.. X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	.. X,XXX,XXX.XX
UNINSURED MOTORISTS (INCL. UNDERINSURED MOTORISTS)	XXXXXXXXXXXX	SEE ENDORSEMENT CA7093A	.. X,XXX,XXX.XX
UNINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT.	.. X,XXX,XXX.XX
SUPPLEMENTARY**	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
UNINSURED/UNDERINSURED MOTORISTS		\$XX,XXX,XXX EACH ACCIDENT.	.. X,XXX,XXX.XX
UNINSURED AND UNDER- INSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	.. X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

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MM/DD/YY

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER
IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

UNINSURED AND UNDER-	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT.	X,XXX,XXX.XX
INSURED MOTORISTS PD			
UNDERINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	X,XXX,XXX.XX
(WHEN NOT INCLUDED IN UM COV)			
UNDERINS. MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	X,XXX,XXX.XX
(WHEN NOT INCLUDED IN UM COV)		\$X,XXX,XXX EACH ACCIDENT	
UNDERINSURED MOTORISTS PD			
	XXXXXXXXXXXX	\$ X,XXX,XXX EACH ACCIDENT.	X,XXX,XXX.XX
TRAILER INTER COMP.	XXXXXXXXXXXX		X,XXX,XXX.XX
TRAILER INTERCHANGE	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	X,XXX,XXX.XX
SPEC. CAUSES OF LOSS			
TRAILER INTER COLL.	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	X,XXX,XXX.XX
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM THREE FOR DED.	X,XXX,XXX.XX
		FOR ALL LOSS EXCEPT FIRE	
		OR LIGHTNING.	
SPECIFIED CAUSES	XXXXXXXXXXXX	SEE ITEM THREE FOR DED.	X,XXX,XXX.XX
OF LOSS		FOR LOSS CAUSED BY	
		MISCHIEF OR VANDALISM	
COLLISION	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	X,XXX,XXX.XX
TOWING AND LABOR	XXXXXXXXXXXX	SEE SCHEDULE FOR LIMIT FOR.	X,XXX,XXX.XX
		EACH DISABLEMENT OF A	
		PRIVATE PASSENGER AUTO	

PREMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX

MOTOR VEHICLE LAW ENFORCEMENT FEE. X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM. \$X,XXX,XXX.XX

BALANCE TO MINIMUM . \$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX

LA. PREMIUM DISCOUNT . X,XXX,XXX.XX

KENTUCKY SURCHARGE . X,XXX,XXX.XX

KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . X,XXX,XXX.XX

MIGA SURCHARGE . X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

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MM/DD/YY

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX
(SEE ENCLOSED EXPLANATION) .
MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX
FHCF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

**ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM
LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY
INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY
NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM
ENDORSEMENT.

**THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

FORMS APPLICABLE: IL0021(11/85),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)

REFER TO PRIOR DISTRIBUTION(S) FOR ANY FORMS NOT ATTACHED.

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DATE OF ISSUE: MM/DD/YY

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MM/DD/YY

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
 ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
 (MOTOR CARRIER)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT
MEDICAL PAYMENTS	
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME
	LOSS BENEFITS ENDORSEMENT
	MEDICAL EXPENSE BENEFITS
	\$XX,XXX EACH PERSON
	INCOME LOSS BENEFITS
	\$XX,XXX EACH PERSON

UNINSURED MOTORISTS
 (INCLUDING UNDERINSURED
 MOTORISTS)
 UNINSURED MOTORISTS
 SUPPLEMENTARY* UNINSURED
 UNDERINSURED MOTORISTS BI
 UNINSURED MOTORISTS PD
 UNINSURED AND UNDERINSURED
 MOTORISTS
 UNDERINSURED MOTORISTS
 UNDERINSURED MOTORISTS PD
 UNINSURED AND UNDERINSURED
 MOTORISTS PROPERTY DAMAGE

VEHICLE DESCRIPTION / COVERAGE

PREMIUM

LOC XXX 123456789012345678901234567890 123456789012345678901234567890
 1234567890123456789012345 XX. XXXXX-XXXX TOWN TAX: XXXX

VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX.
 XXXX 123456789012 1234567890 1234567890 ID NO 12345678901234567.
 COST NEW: 1234567 AGE: 1 RADIUS: 1234567890123 USE: 12345678901.
 XXXXXXXXXXXXXXXXXXXX CLASS: 12345 ZONE: 12345

COVERAGE NAME & MISC INFORMATION

LIABILITY	\$X,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	..\$X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	..\$X,XXX,XXX.XX
PIP	XXXXX DED	..X,XXX,XXX.XX
ADDL PIP	XXXXX DED	..X,XXX,XXX.XX
PPI	XXXXX DED	..X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS		..X,XXX,XXX.XX
MEDICAL PAYMENTS		..X,XXX,XXX.XX
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH	..X,XXX,XXX.XX
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME	..
	LOSS BENEFITS ENDORSEMENT	..
	MEDICAL EXPENSE BENEFITS	..
	\$XX,XXX EACH PERSON	..
	INCOME LOSS BENEFITS	..
	\$XX,XXX EACH PERSON	..

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 DATE OF ISSUE: MM/DD/YY CONTINUED

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
 ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

UNINSURED MOTORISTS					INCLUDED
(INCLUDING UNDERINSURED					
MOTORISTS)					
UNINSURED MOTORISTS					INCLUDED
SUPPLEMENTARY* UNINSURED					INCLUDED
UNDERINSURED MOTORISTS BI					
UNINSURED MOTORISTS PD					INCLUDED
UNINSURED AND UNDERINSURED					INCLUDED
MOTORISTS					
UNDERINSURED MOTORISTS					INCLUDED
UNDERINSURED MOTORISTS PD					INCLUDED
UNINSURED AND UNDERINSURED					INCLUDED
MOTORISTS PROPERTY DAMAGE					
COMPREHENSIVE	XXXXXX		XXXXX DED		X,XXX,XXX.XX
STATED AMOUNT - SEE FORM	XXXXXXXXXXXXXXXXXX				
SPEC. CAUSES OF LOSS	XXX XXXXXX		XXXXX DED		X,XXX,XXX.XX
STATED AMOUNT - SEE FORM	XXXXXXXXXXXXXXXXXX				
COLLISION (BROAD/LIM)	XXXXXX		XXXXX DED		X,XXX,XXX.XX
STATED AMOUNT - SEE FORM	XXXXXXXXXXXXXXXXXX				
TOWING AND LABOR		\$XXX LIMIT EACH DISABLEMENT			X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:					
SOUND RECEIVING AND TRANSMITTING EQUIPMENT					X,XXX,XXX.XX
TAPES AND RECORDS					X,XXX,XXX.XX
RENTAL REIMBURSEMENT					X,XXX,XXX.XX
COVERAGE		MAXIMUM PAYMENT			
	ANY ONE DAY	NO. OF DAYS	ANY ONE PERIOD.		
COMPREHENSIVE	XXX	XXX	XXXX		X,XXX,XXX.XX
SPEC. CAUSES LOSS	XXX	XXX	XXXX		X,XXX,XXX.XX
COLLISION	XXX	XXX	XXXX		X,XXX,XXX.XX
EXTRAORDINARY MEDICAL BENEFITS COVERAGE					X,XXX,XXX.XX
WAIVER OF COLLISION DEDUCTIBLE					X,XXX,XXX.XX
MISCELLANEOUS VEHICLE ENDORSEMENTS					X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP					X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE					X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT					X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE					X,XXX,XXX.XX
MN FIRE INS SURCHARGE					X,XXX,XXX.XX
			TOTAL VEHICLE PREMIUM		.\$X,XXX,XXX.XX

 REPEAT THE ABOVE FOR EACH VEHICLE

PREMIUM SUMMARY (EXCLUDING VEHICLE ENDORSEMENTS)	
LIABILITY	.\$X,XXX,XXX.XX
BODILY INJURY	X,XXX,XXX.XX
PROPERTY DAMAGE	X,XXX,XXX.XX

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
 ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

PIP	. X,XXX,XXX.XX
ADDL PIP	. X,XXX,XXX.XX
PPI	. X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS	. X,XXX,XXX.XX
MEDICAL PAYMENTS	. X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	. X,XXX,XXX.XX
UNINSURED MOTORISTS	. X,XXX,XXX.XX
(INCLUDING UNDERINSURED	
MOTORISTS)	
UNINSURED MOTORISTS	. X,XXX,XXX.XX
SUPPLEMENTARY* UNINSURED	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS BI	
UNINSURED MOTORISTS PD	. INCLUDED
UNINSURED AND UNDERINSURED	. X,XXX,XXX.XX
MOTORISTS	
UNDERINSURED MOTORISTS	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS PD	. INCLUDED
UNINSURED AND UNDERINSURED	. X,XXX,XXX.XX
MOTORISTS PROPERTY DAMAGE	
COMPREHENSIVE	. X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	. X,XXX,XXX.XX
COLLISION	. X,XXX,XXX.XX
TOWING AND LABOR	. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE	. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	. X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT	. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	. X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	. X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	. X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	. X,XXX,XXX.XX
MN FIRE INS SURCHARGE	. X,XXX,XXX.XX

TOTAL . \$X,XXX,XXX.XX

PREMIUM FOR CHANGES . \$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP	. \$X,XXX,XXX.XX
SOUTH CAROLINA RECOUP	. \$X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	. \$X,XXX,XXX.XX
KENTUCKY SURCHARGE	. \$X,XXX,XXX.XX
KENTUCKY MUNICIPAL TAX	. \$X,XXX,XXX.XX
MIGA SURCHARGE	. \$X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	. \$X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	. \$X,XXX,XXX.XX
TEXAS AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	. \$X,XXX,XXX.XX

 TOTAL PREMIUM FOR CHANGES . \$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

DATE OF ISSUE: MM/DD/YY

CA7001A 4-08

MM/DD/YY

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9X99999 YY99

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXTRANSACTIONXXX

EMC Insurance Companies
PRIOR POL NO: XXX-XX-XX

G A R A G E C O V E R A G E F O R M D E C L A R A T I O N S

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

* POLICY NUMBER *
* 9 X 9 - 9 9 - 9 9 ---99 *

ITEM ONE:

N A M E D I N S U R E D :

P R O D U C E R :

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXXX

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXXX
AGENT NO: XX-XXX-X
AGENT PHONE: (999)999-9999
XXXXXXXXXXXX X XXXXXXXXXXXXXXXX

AGENCY (DIRECT) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXXXXX

BUSINESS DESC: XXXXXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS".

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
LIABILITY	XXXXXXXXXXXX	EACH "ACCIDENT"	.\$X,XXX,XXX.XX
		"GARAGE OPERATIONS"	.
		\$XX,XXX,XXX "AUTO" ONLY	.
		\$XX,XXX,XXX OTHER THAN	.
		"AUTO" ONLY	.
		\$XX,XXX,XXX AGGREGATE	.
		"GARAGE OPERATIONS"	.
		OTHER THAN "AUTO" ONLY	.
		\$XX,XXX BI DEDUCTIBLE	.
		\$XX,XXX PD DEDUCTIBLE	.
MEDICAL EXPENSE AND		SEPARATELY STATED IN EACH.	X,XXX,XXX.XX
INCOME LOSS BENEFITS		MEDICAL EXPENSE & INCOME	.
		LOSS BENEFITS ENDORSEMENT.	.
		MEDICAL EXPENSE BENEFITS	.
		\$XX,XXX EACH PERSON	.
		INCOME LOSS BENEFITS	.
		\$XX,XXX EACH PERSON	.
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
ADDED PERS. INJ. PROT	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
BROADENED PIP	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	X,XXX,XXX.XX
OPTIONAL BASIC	XXXXXXXXXXXX	\$XX,XXX,XXX	X,XXX,XXX.XX
ECONOMIC LOSS			.
MEDICAL PAYMENTS INS.	XXXXXXXXXXXX	\$XX,XXX	X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXX

EFF. DATE: MM/DD/YY

EXP. DATE: MM/DD/YY

UNINSURED MOTORISTS (INCL. UNDERINSURED MOTORISTS)	XXXXXXXXXXXX	SEE ENDORSEMENT CA7093A	. X,XXX,XXX.XX
UNINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	. X,XXX,XXX.XX
UNINSURED MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	. X,XXX,XXX.XX
		\$XX,XXX,XXX EACH ACCIDENT.	
SUPPLEMENTARY**	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	. X,XXX,XXX.XX
UNINSURED/UNDERINSURED MOTORISTS		\$XX,XXX,XXX EACH ACCIDENT.	. X,XXX,XXX.XX
UNINSURED AND UNDER- INSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
UNINSURED AND UNDER- INSURED MOTORISTS PD	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT.	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS (WHEN NOT INCLUDED IN UM COV)	XXXXXXXXXXXX	\$XX,XXX,XXX	. X,XXX,XXX.XX
UNDERINS. MOTORISTS BI (WHEN NOT INCLUDED IN UM COV)	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	. X,XXX,XXX.XX
		\$X,XXX,XXX EACH ACCIDENT	.
UNDERINSURED MOTORISTS PD	XXXXXXXXXXXX	\$X,XXX,XXX EACH ACCIDENT	. X,XXX,XXX.XX
GARAGEKEEPERS INSURANCE			.
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED).	. X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED).	. X,XXX,XXX.XX
COLLISION	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED).	. X,XXX,XXX.XX
PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).			
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM XXXXX FOR DED. FOR ALL LOSS EXCEPT FIRE OR LIGHTNING.	. X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	XXXXXXXXXXXX	SEE ITEM XXXXX FOR DED. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	. X,XXX,XXX.XX
COLLISION	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	. X,XXX,XXX.XX
TOWING AND LABOR	XXXXXXXXXXXX	SEE SCHEDULE FOR LIMIT FOR EACH DISABLEMENT OF A. PRIVATE PASSENGER "AUTO"	.

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COMPANY NAMEXXX POLICY NUMBER: 9X9-99-99
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

PREMIUM FOR ITEM 6	.\$X,XXX,XXX.XX
PREMIUM FOR ENDORSEMENTS	.\$X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT	.\$X,XXX,XXX.XX
ESTIMATED POLICY PREMIUM	.\$X,XXX,XXX.XX
NY MOTOR VEHICLE LAW ENFORCEMENT FEE	.\$X,XXX,XXX.XX
BALANCE TO MINIMUM	.\$X,XXX,XXX.XX
ESTIMATED TOTAL POLICY PREMIUM	.\$X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP .031	.\$X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP.	.\$X,XXX,XXX.XX
MN AUTOMOBILE THEFT PREVENTION	.\$X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	.\$X,XXX,XXX.XX
(SEE ENCLOSED EXPLANATION)	
FHCF EMERGENCY ASSESSMENT	.\$X,XXX,XXX.XX
*ESTIMATED TOTAL POLICY PREMIUM	.\$X,XXX,XXX.XX
DEPOSIT PREMIUM	.\$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

**THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

FORMS APPLICABLE: XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)

REFER TO PRIOR DISTRIBUTION(S) FOR FORMS NOT ATTACHED.

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

**GARAGE DECLARATIONS - DEALERS'

NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM**

ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO
SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH
ARE INSURED ON A SPECIFIED CAR BASIS

ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT
MEDICAL PAYMENTS	
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME
	LOSS BENEFITS ENDORSEMENT
	MEDICAL EXPENSE BENEFITS
	\$XX,XXX EACH PERSON
	INCOME LOSS BENEFITS
	\$XX,XXX EACH PERSON

UNINSURED MOTORISTS

(INCLUDING UNDERINSURED
MOTORISTS)

UNINSURED MOTORISTS BI

UNINSURED MOTORISTS BI AND PD

SUPPLEMENTARY* UNINSURED

UNDERINSURED MOTORISTS BI

UNINSURED MOTORISTS PD

UNINSURED AND UNDERINSURED
MOTORISTS

UNDERINSURED MOTORISTS BI

UNDERINSURED MOTORISTS PD

UNINSURED AND UNDERINSURED

MOTORISTS PROPERTY DAMAGE

VEHICLE DESCRIPTION / COVERAGE

PREMIUM

LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXXXX

CITYXXXXXXXXXXXXXXXXXXXX ST. ZIPXX-XXXX TOWN TAX: XXXX

VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX.

YEAR MAKEXXXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567.

COST NEW: XXXXXXXX AGE: X RADIUS: XXXXXXXXXXXXXXXX USE: XXXXXXXXXXXXX.

XXXXXXXXXXXXXXXXXXXXX CLASS: XXXXX/XXXXX ZONE: XXXXX.

LIABILITY	\$X,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PIP	XXXXX DED	.. X,XXX,XXX.XX
FIRST PARTY BENEFITS	XXXXX DED	.. X,XXX,XXX.XX
BASIC REPARATIONS	XXXXX DED	.. X,XXX,XXX.XX
ADDED PIP		.. X,XXX,XXX.XX
ADDED FIRST PARTY BEN.		.. X,XXX,XXX.XX
ADDED REPARATION BENEFITS		.. X,XXX,XXX.XX
BROADENED PIP		.. X,XXX,XXX.XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

BROADENED FIRST PARTY BEN.				..	X,XXX,XXX.XX
BROADENED REPARATION BENEFITS				..	X,XXX,XXX.XX
COMB. FIRST PARTY BEN.				..	X,XXX,XXX.XX
ACCIDENTAL DEATH BEN.				..	X,XXX,XXX.XX
WORK LOSS COVERAGE				..	X,XXX,XXX.XX
PPI		XXXXX DED		..	X,XXX,XXX.XX
OPTIONAL BASIC ECONOMIC LOSS	\$X,XXX,XX			..	X,XXX,XXX.XX
MEDICAL PAYMENTS	\$XXXXX			..	X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	SEPARATELY STATED IN EACH MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON			..	X,XXX,XXX.XX
UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS)				..	INCLUDED
UNINSURED MOTORISTS SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI				..	INCLUDED
UNINSURED MOTORISTS PD				..	INCLUDED
UNINSURED AND UNDERINSURED MOTORISTS				..	INCLUDED
UNDERINSURED MOTORISTS BI				..	INCLUDED
UNDERINSURED MOTORISTS PD				..	INCLUDED
UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE				..	INCLUDED
COMPREHENSIVE ACV	XXXXX DED			..	X,XXX,XXX.XX
COMPREHENSIVE XXXXXX	XXXXX DED			..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				..	
SPEC. CAUSES OF LOSS XXX XXXXXX	XXXXX DED			..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				..	X,XXX,XXX.XX
COLLISION ACV	XXXXX DED			..	X,XXX,XXX.XX
COLLISION (BROADENED) ACV	XXXXX DED			..	X,XXX,XXX.XX
COLLISION (LIMITED) ACV	XXXXX DED			..	X,XXX,XXX.XX
COLLISION XXXXXX	XXXXX DED			..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				..	
COLLISION (BROADENED) XXXXXX	XXXXX DED			..	\$X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				..	
COLLISION (LIMITED) XXXXXX	XXXXX DED			..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				..	
TOWING AND LABOR	\$XXX LIMIT PER DISABLEMENT			..	X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:				..	
WAIVER OF COLLISION DEDUCTIBLE				..	X,XXX,XXX.XX
SOUND RECEIVING AND TRANSMITTING EQUIPMENT				..	X,XXX,XXX.XX
TAPES AND RECORDS				..	X,XXX,XXX.XX
RENTAL REIMBURSEMENT				..	X,XXX,XXX.XX
COVERAGE	MAXIMUM PAYMENT			..	
	ANY ONE DAY NO. OF DAYS ANY ONE PERIOD.			..	
COMPREHENSIVE XXX	XXX XXXX			..	X,XXX,XXX.XX
SPEC. CAUSES OF LOSS XXX	XXX XXXX			..	X,XXX,XXX.XX
COLLISION XXX	XXX XXXX			..	X,XXX,XXX.XX
EXTRAORDINARY MEDICAL BENEFITS COVERAGE				..	X,XXX,XXX.XX
PROPERTY DAMAGE BUYBACK				..	X,XXX,XXX.XX
LEASING OR RENTAL CONCERNS				..	X,XXX,XXX.XX
OTHER COVERAGESXXXXXXXXXX				..	X,XXX,XXX.XX

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POLICY NUMBER: 9X9-99-99

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

TOTAL VEHICLE PREMIUM " X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM

BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	. X,XXX,XXX.XX
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PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	X,XXX,XXX,XX
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OPTIONAL BASIC ECONOMIC	\$X,XXX.XX	X,XXX,XXX.XX
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MEDICAL PAYMENTS	\$XXXXXX	X.XXX.XXX.XX
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LINE	DESCRIPTION	AMOUNT	DATE	TIME	STATUS	REMARKS
1	MEDICAL EXPENSE AND					
2	INCOME LOSS BENEFITS					
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MEDICAL EXPENSE BENEFITS

INCOME LOSS BENEFITS

UNINSURED MOTORISTS	\$XXX,XXX EACH PERSON	"	INCLUDED
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(INCLUDING UNDERINSURED
MOTORISTS)

UNINSURED MOTORISTS	INCLUDED
SUPPLEMENTARY UNINSURED	INCLUDED

UNDERINSURED MOTORISTS BI	0
UNINSURED MOTORISTS BB	INCLUDED

UNINSURED AND UNDERINSURED MOTORISTS .. INCLUDED

[illegible]

UNINSURED AND UNDERINSURED INCLUDED

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COMPREHENSIVE          ACV          XXXXXX DED           " X,XXX,XXX."XX
```

STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX

SPEC. CAUSES OF LOSS XXX XXXXXX XXXXX DED . X,XXX,XXX.XX

COLLISION ACV XXXXX DED . X,XXX,XXX.XX

STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX . X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM . X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM

SOUND RECEIVING AND TRANSMITTING EQUIPMENT . X,XXX,XXX.XX

RENTAL REIMBURSEMENT " X,XXX,XXX.XX

	ANY ONE DAY	NO. OF DAYS	ANY ONE PERIOD.
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SPEC. CAUSES OF LOSS XXX XXX XXXX . X,XXX,XXX.XX

LEASING OR RENTAL CONCERNS . X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM : X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM

XX

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE

ITEM (SEVEN) (NINE) PREMIUM SUMMARY

LIABILITY	.\$X,XXX,XXX.XX
LIABILITY (PD)	. X,XXX,XXX.XX
PIP	. X,XXX,XXX.XX
ADDITIONAL PIP	. X,XXX,XXX.XX
COMBINATION FIRST PARTY BENEFITS	. X,XXX,XXX.XX
ACCIDENTAL DEATH BENEFITS	. X,XXX,XXX.XX
BROADENED PIP	. X,XXX,XXX.XX
WORK LOSS COVERAGE	. X,XXX,XXX.XX
OPTIONAL BASIC ECONOMIC LOSS	. X,XXX,XXX.XX
MEDICAL PAYMENTS	. X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	. X,XXX,XXX.XX
UNINSURED MOTORISTS	. X,XXX,XXX.XX
(INCLUDING UNDERINSURED MOTORISTS)	.
UNINSURED MOTORISTS	. X,XXX,XXX.XX
SUPPLEMENTARY* UNINSURED	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS BI	.
UNINSURED MOTORISTS PD	. INCLUDED
UNINSURED AND UNDERINSURED	. X,XXX,XXX.XX
MOTORISTS	.
UNDERINSURED MOTORISTS BI	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS PD	. INCLUDED
UNINSURED AND UNDERINSURED	. X,XXX,XXX.XX
MOTORISTS PROPERTY DAMAGE	.
COMPREHENSIVE	.
SPECIFIED CAUSES OF LOSS	. X,XXX,XXX.XX
COLLISION	. X,XXX,XXX.XX
TOWING AND LABOR	. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT	. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	. X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	. X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	. X,XXX,XXX.XX
NY MOTOR VEHICLE LAW ENFORCEMENT FEE	. X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	. X,XXX,XXX.XX
MN FIRE INS SURCHARGE	. X,XXX,XXX.XX

TOTAL	.\$X,XXX,XXX.XX
PREMIUM FOR CHARGES	.\$X,XXX,XXX.XX
	.
LA PREMIUM DISCOUNT	. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	. X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	. X,XXX,XXX.XX
MIGA SURCHARGE	. X,XXX,XXX.XX

TOTAL PREMIUM FOR CHARGES	.\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

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END REPORT

COMMERCIAL AUTO DECLARATIONS

ITEM TWO

POLICY
NUMBER

- ☐ BUSINESS AUTO COVERAGE FORM
☐ TRUCKERS COVERAGE FORM
☐ MOTOR CARRIER COVERAGE FORM
☐ GARAGE COVERAGE FORM

Named Insured _____

ITEM TWO

COVERAGE AND LIMITS OF INSURANCE

UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

The LIMIT OF INSURANCE for the coverages shown below is the LIMIT OF INSURANCE shown for the State where a covered "auto" is principally garaged. Refer to the specific coverage endorsement for the description of the coverage provided for each State listed below.

Coverage

UNINSURED MOTORISTS LIMIT OF INSURANCE				
State	"Bodily Injury" and "Property Damage" Combined Single Limit	"Bodily Injury" Each "Accident"	"Bodily Injury" Each Person Each "Accident"	"Property Damage" Each "Accident"

UNDERINSURED MOTORISTS LIMIT OF INSURANCE (When Underinsured Motorists is a separate Coverage)				
State	"Bodily Injury" and "Property Damage" Combined Single Limit	"Bodily Injury" Each "Accident"	"Bodily Injury" Each Person Each "Accident"	"Property Damage" Each "Accident"

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
(MOTOR CARRIER)(GARAGE)

SUPPLEMENTARY SCHEDULE

ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSURANCE SHOWN FOR THE STATE WHERE A COVERED "AUTO" IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE

UNINSURED MOTORISTS LIMIT OF INSURANCE

ST	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED SINGLE LIMIT	"BODILY INJURY" EACH "ACCIDENT"	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX

UNDERINSURED MOTORISTS LIMIT OF INSURANCE

(WHEN UNDERINSURED MOTORISTS IS A SEPARATE COVERAGE)

ST	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED SINGLE LIMIT	"BODILY INJURY" EACH "ACCIDENT"	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX

DATE OF ISSUE: MM/DD/YY

CA7093A 4-08

MM/DD/YY

UND

ID

9X99999 YY99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREJUDGMENT INTEREST

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

Section II — LIABILITY COVERAGE, COVERAGE EXTENSIONS, Supplementary Payments is amended by adding the following:

- (7) Prejudgment interest awarded against the “insured” on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

<i>SERFF Tracking Number:</i>	<i>EMCC-125637705</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMC Property & Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-2008-05</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	EMCC-125637705	State:	Arkansas
First Filing Company:	EMC Property & Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CA-2008-05		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	05/12/2008
Comments:				
Attachment:	pctd.pdf			
Satisfied -Name:	Memorandum	Review Status:	Approved	05/12/2008
Comments:				
Attachment:	Memorandum.pdf			
Satisfied -Name:	Forms List	Review Status:	Approved	05/12/2008
Comments:				
Attachment:	forms list.pdf			
Satisfied -Name:	Marked up forms	Review Status:	Approved	05/12/2008
Comments:				
Attachments:	CA7000_200111_marked up.pdf			
	CA7000a_200110_marked up.pdf			
	CA7001_199312_marked up.pdf			
	CA7001a_199312_marked up.pdf			
	CA7010_200110_marked up.pdf			
	CA7010a_200110_marked up.pdf			
	CA7015_200110_marked up.pdf			
	CA7015a_200110_marked up.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

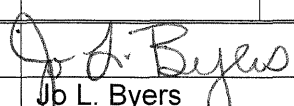
3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764
Union Insurance Company of Providence	IA	21423	05-0230479
EMC Property & Casualty Company	IA	25186	63-0329091

5. Company Tracking Number	AR-CA-2008-05
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Commercial Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 7/1/08 Renewal: 7/1/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	5/7/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-2008-05
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company. These companies are members of the EMC Insurance Companies group. We currently have the Commercial Auto program on file with your department under Employers Mutual Casualty Company and EMCASCO Insurance Company. These new companies will be available for policies written on or after July 1, 2008.

The decision to introduce these new companies is based on the competitive market place and will allow us to compete on a more competitive level. Our currently filed forms and endorsements for this program will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

Our Commercial Auto and Garage declarations and schedules have been amended to include all state specific wording required for all the states. By doing so, we have created countrywide declarations and schedules, which will be applicable in all states. Only the specific state wording applicable in your state will be displayed when a policy is issued.

Furthermore, we have revised our declarations and schedules to only display one policy Uninsured/Underinsured limit and premium charge rather than showing a per vehicle limit and per vehicle premium charge. The Uninsured and Underinsured sections have been blocked out so premiums will no longer be entered on individual vehicles. In addition, the declarations and schedules will now display all Uninsured and Underinsured variations. The coverages and the corresponding premiums are not being revised, only the text on the declarations. We have created a new declaration to display the Uninsured/Underinsured state, limit, and premium. CA7093 (4-08) and CA7093A (4-08) Commercial Auto Declarations, Item 2 are attached.

We are also introducing endorsement CA7313 (10-01) Prejudgment Interest. This endorsement clarifies that prejudgment interest is included under the supplementary payments section of the policy. We believe that previously it was not clear how this coverage should be addressed under the auto policy. There is no additional charge for this coverage.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: 50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CA-2008-05		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial Auto Declarations Item 2	CA7093 (4-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial Auto Declarations Item 2	CA7093A (4-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Prejudgment Interest	CA7313 (10-01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Commercial Auto Declarations	CA7000 (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7000 (11-01)	
05	Commercial Auto Declarations	CA7000A (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7000A (10-01)	
06	Commercial Auto Declarations, Schedule of Covered Autos You Own	CA7001 (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7001 (12-93)	
07	Commercial Auto Declarations, Item 3	CA7001A (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7001A (12-93)	
08	Garage Declarations	CA7010 (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7010 (10-01)	
09	Garage Coverage Form Declarations	CA7010A (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7010A (10-01)	
10	Garage Supplementary Schedule Items Nine and Seven	CA7015 (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7015 (10-01)	

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-GL-2008-05		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Garage Items Nine and Seven	CA7015A (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7015A (10-01)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

MEMORANDUM

New declarations

CA7093 (4-08) Commercial Auto Declarations Item 2

CA7093A (4-08) Commercial Auto Declarations Item 2

Developed to show the various states and limits for Uninsured and Underinsured Motorists Coverage

New endorsement

CA7313 (10-01) Prejudgment Interest

This endorsement clarifies that prejudgment interest is included under the supplementary payments section of the policy

Revised

CA7000 (4-08) Commercial Auto Declarations replaces

CA7000 (11-01)

CA7000A (4-08) Commercial Auto Declarations replaces

CA7000A (10-01)

CA7001 (4-08) Commercial Auto Declarations, Schedule of Covered Autos You Own replaces

CA7001 (12-93)

CA7001A (4-08) Commercial Auto Declarations, Item 3 replaces

CA7001A (12-93)

CA7010 (4-08) Garage Declarations replaces

CA7010 (10-01)

CA7010A (4-08) Garage Coverage Form Declarations replaces

CA7010A (10-01)

CA7015 (4-08) Garage Supplementary Schedule Items Nine and Seven replaces

CA7015 (10-01)

CA7015A (4-08) Garage Items Nine and Seven replaces

CA7015A (10-01)

State	Number	Editor	LOB	Co	Current	Description	Eff Date	Appr Date	Special Action	Dept File #
AR	CA7000	11-01	CA	A	✓	Commercial Auto Declarations	12/1/2003	11/17/2003		
AR	CA7000A	10-01	CA	A	✓	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7001	12-93	CA	A	✓	Declarations - Item 3	12/1/1996	11/5/1996		
AR	CA7001A	12-93	CA	A	✓	Declarations - Item 3 - automated	12/1/1996	11/5/1996		
AR	CA7002	10-01	CA	A	✓	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7002A	10-01	CA	A	✓	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7003	10-01	CA	A	✓	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7004	12-93	CA	A	✓	BAP/Truckers Dec - Items 6 & 7	12/1/1996	11/5/1996		
AR	CA7004A	12-93	CA	A	✓	BAP/Truckers Dec - Items 6 & 7 - auto	12/1/1996	11/5/1996		
AR	CA7005	12-93	CA	A	✓	Amending Sched of Covered Autos	12/1/1996	11/5/1996		
AR	CA7007	10-01	CA	A	✓	Quick Ref-Comm'l Auto Cov Part, Bus Auto Co	11/1/2001	8/20/2001		
AR	CA7008	10-01	CA	A	✓	Quick Ref-Comm'l Auto Cov Part, Truckers Cov	11/1/2001	8/20/2001		
AR	CA7009	10-01	CA	A	✓	Quick Ref-Comm'l Auto Cov Part, Motor Carrier	11/1/2001	8/20/2001		
AR	CA7010	10-01	CA	A	✓	Garage Coverage Form Declarations	11/1/2001	8/20/2001		
AR	CA7010A	10-01	CA	A	✓	Garage Coverage Form Declarations (automate	11/1/2001	8/20/2001		
AR	CA7011	10-01	CA	A	✓	Garage Supplementary Schedule, Items 3 & 4	11/1/2001	8/20/2001		
AR	CA7011A	10-01	CA	A	✓	Garage Declarations Dealers' Cov, Items 3 & 4	11/1/2001	8/20/2001		
AR	CA7012	02-88	CA	A	✓	Garage Dealers Supp Sched. - Items 5 & 6	7/1/1988	6/6/1988		
AR	CA7012.1A	09-94	CA	A	✓	Garage Declarations Dealers Cov-auto	10/15/2007	7/24/2007		AR-PC-07-025481
AR	CA7012A	01-87	CA	A	✓	Garage Dealers-Items 5 & 6-auto	1/1/1991	10/26/1990		
AR	CA7013	10-01	CA	A	✓	Gar Non-Dlrs' & Trailer Dlrs' Sup Sch Items 5 & 6	11/1/2001	8/20/2001		
AR	CA7013A	10-01	CA	A	✓	Gar Non-Dlrs' & Trailer Dlrs' Sup Sch, Items 5 & 6(autom)	11/1/2001	8/20/2001		
AR	CA7014	07-97	CA	A	✓	Garage Supp Sched-Items 8 & 9	12/1/1998	10/21/1998		
AR	CA7014A	10-01	CA	A	✓	Garage Decs-Dlrs Coverage, Items 8 & 10(auto	11/1/2001	8/20/2001		
AR	CA7015	10-01	CA	A	✓	Garage Sup Schedule, Items 7 & 10	11/1/2001	8/20/2001		
AR	CA7015A	10-01	CA	A	✓	Garage Sup Schedule, Items 7 & 10 (automate	11/1/2001	8/20/2001		
AR	CA7016	04-05	CA	A	✓	Garage Supplementary Schedule-Items 7&9	1/1/2006	10/24/2005		
AR	CA7016A	04-05	CA	A	✓	Garage Supplementary Sched-Items 7&9(auto	1/1/2006	10/24/2005		
AR	CA7017A	12-90	CA	A	✓	Gar-Dealers Supp Sched-Item 11-auto	9/1/1991	7/12/1991		
AR	CA7018	10-01	CA	A	✓	Quick Ref-Com'l Auto Coverge Part-Gar Cov F	11/1/2001	8/20/2001		

State	Number	Editor	LOB	Co	Current	Description	Eff Date	Appr Date	Special Action	Dept File #
AR	CA7201	08-99	CA	A	<input checked="" type="checkbox"/>	Stated Amount of Insurance	8/15/1999	6/9/1999		
AR	CA7202	08-07	CA	A	<input checked="" type="checkbox"/>	Voiding Ins While a Certain Person is Operatin	10/15/2007	8/16/2007		AR-PC-07-025798
AR	CA7212	12-03	CA	A	<input checked="" type="checkbox"/>	Officers, Employ and Agents Op Autos in the C	3/1/2004	1/13/2004		
AR	CA7218	08-99	CA	A	<input checked="" type="checkbox"/>	Waiver of Our Right To Recover From Others E	11/1/2001	8/20/2001		
AR	CA7223	08-99	CA	A	<input checked="" type="checkbox"/>	Phys Damage Ins Vol/Emp Pers Auto	8/15/1999	6/9/1999		
AR	CA7225	08-99	CA	A	<input checked="" type="checkbox"/>	Freezing Cov-Fire/Other Emer Vehicles	8/15/1999	6/9/1999		
AR	CA7227	09-05	CA	A	<input checked="" type="checkbox"/>	Exclusion-Hazards Otherwise Insured	1/1/2006	10/24/2005		
AR	CA7240	10-01	CA	A	<input checked="" type="checkbox"/>	Additional Insured-Designated Person or Organ	11/1/2001	8/20/2001		
AR	CA7252	07-97	CA	A	<input checked="" type="checkbox"/>	Add'l Insured - Grantor of Franchise	12/1/1998	10/21/1998		
AR	CA7257	08-99	CA	A	<input checked="" type="checkbox"/>	Add'l Insured - Lessor of Leased Equip	8/15/1999	6/9/1999		
AR	CA7266	07-97	CA	A	<input checked="" type="checkbox"/>	Designated Insured Endst	3/1/2008	2/6/2008		
AR	CA7270	03-07	CA	A	<input checked="" type="checkbox"/>	Commercial Auto Amendment	6/1/2007	4/12/2007		AR-PC-07-023861
AR	CA7321	05-97	CA	A	<input checked="" type="checkbox"/>	Owner-Operaor Bobtail Coverage Sched	12/15/1997	10/15/1997		
AR	CA7384	02-03	CA	A	<input checked="" type="checkbox"/>	Asbestos Exclusion	12/1/2003	11/17/2003		
AR	CA7392	12-05	CA	A	<input checked="" type="checkbox"/>	Blanket Waiver of Sub When Req in a Written	5/1/2006	3/22/2006		AR-PC-06-018572
AR	CA7394	06-06	CA	A	<input checked="" type="checkbox"/>	Add. Insured-Designated Person/ Organization-	1/1/2007	9/18/2006		AR-PC-06-021312
AR	CA7397	09-07	CA	A	<input checked="" type="checkbox"/>	EMC Choice Equipment Dealers' Industry Exte	10/15/2007	7/24/2007		AR-PC-07-025481
AR	CA7398	09-07	CA	A	<input checked="" type="checkbox"/>	EMC Choice Garage Program Extension	10/15/2007	7/24/2007		AR-PC-07-025481
AR	CA7400	09-07	CA	A	<input checked="" type="checkbox"/>	Garage Enhancement Extension	10/15/2007	7/24/2007		AR-PC-07-025481
AR	CA7401	06-07	CA	A	<input checked="" type="checkbox"/>	Limited Pollution Coverage "Work Sites"	4/15/2008	3/4/2008		
AR	CA7405	11-07	CA	A	<input checked="" type="checkbox"/>	Additional Locations Schedule	1/15/2008	11/15/2007		
AR	CA9937A	10-01	CA	A	<input checked="" type="checkbox"/>	Garagekeepers Coverage Schedule	11/1/2001	8/20/2001		
AR	CA9959A	02-99	CA	A	<input checked="" type="checkbox"/>	Garagekeepers Cov-Cust Sound Rec Equip - a	10/1/2000	7/31/2000		

COMMERCIAL AUTO DECLARATIONS

PRIOR
POL. NO.

- ☐ BUSINESS AUTO COVERAGE FORM
☐ TRUCKERS COVERAGE FORM
☐ MOTOR CARRIER COVERAGE FORM

POLICY
NUMBER

ITEM ONE

Policy Period From: _____ To: _____
(12:01 AM Standard Time at Your Mailing Address Shown Below)

Named Insured _____

Mailing Address _____

The Named Insured is ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other _____

In return for the payment of the premium and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

Producer _____

EMC Insurance Companies

- ☐ Employers Mutual Casualty Company ☐ Dakota Fire Insurance Company
☐ EMCASCO Insurance Company ☐ Illinois EMCASCO Insurance Company
☐ Union Insurance Company of Providence ☐ EMC Property & Casualty Company
☐ Hamilton Mutual Insurance Company
(Coverage Provided by the Company Designated ☒ Above)

PREMIUM FOR ENDORSEMENTS	\$
*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
<u>OPTIONAL BASIC ECONOMIC LOSS</u>		\$	\$
AUTO MEDICAL PAYMENTS		\$	\$
<u>MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)</u>		<u>SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.</u>	\$
<u>UNINSURED MOTORISTS (Including Underinsured Motorists)</u>		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
<u>UNINSURED AND UNDERINSURED MOTORISTS</u>		\$	\$
<u>UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE</u>		\$ <u>EACH ACCIDENT</u>	\$
<u>SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**</u>		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS	\$

		\$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING AND LABOR		See Schedule for limit for each disablement of a private passenger auto.	\$
			\$
NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE			\$
AUTOMOBILE THEFT PREVENTION AUTHORITY FEE (SEE ENCLOSED EXPLANATION)			\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

*This policy may be subject to final audit.

**The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "8" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PRIOR POL NO: XXX-XX-XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM (MOTOR CARRIER)

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

* POLICY NUMBER *
* 9 X 9 - 9 9 - 9 9 ---88 *

ITEM ONE:

N A M E D I N S U R E D :

P R O D U C E R :

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXZIPXXXX

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXZIPXXXX
AGENT NO: XX-XXX-X

AGENT PHONE: (999)999-9999

XXXXXXXXXX X XXXXXXXXXXXXXXXX

DIRECT (AGENCY) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXX BUSINESS DESC: XXXXXXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE COMMERCIAL AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE.

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX (BI) DEDUCTIBLE	..\$X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX PD DEDUCTIBLE	..\$X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS		SEPARATELY STATED IN EACH. MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON	..\$X,XXX,XXX.XX
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	..X,XXX,XXX.XX
ADDED PERS. INJ. PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	..X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	..X,XXX,XXX.XX
AUTO MEDICAL PAYMENTS	XXXXXXXXXXXX	\$XX,XXX	..X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	..X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	..X,XXX,XXX.XX
UNINSURED MOTORISTS (INCL. UNDERINSURED MOTORISTS)	XXXXXXXXXXXX	SEE ENDORSEMENT CA7093A	..X,XXX,XXX.XX
UNINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	..X,XXX,XXX.XX
UNINSURED MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT.	..X,XXX,XXX.XX
SUPPLEMENTARY**	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	..X,XXX,XXX.XX
UNINSURED/UNDERINSURED MOTORISTS		\$XX,XXX,XXX EACH ACCIDENT.	..X,XXX,XXX.XX
UNINSURED AND UNDER- INSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	..X,XXX,XXX.XX
UNINSURED MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	..X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99---YY

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

UNINSURED AND UNDER-	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT.	X,XXX,XXX.XX
INSURED MOTORISTS PD			
UNDERINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	X,XXX,XXX.XX
(WHEN NOT INCLUDED IN UM COV)			
UNDERINS. MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	X,XXX,XXX.XX
(WHEN NOT INCLUDED IN UM COV)		\$X,XXX,XXX EACH ACCIDENT	
UNDERINSURED MOTORISTS PD		<i>see Endorsement</i>	
	XXXXXXXXXXXX	\$X,XXX,XXX EACH ACCIDENT.	X,XXX,XXX.XX
TRAILER INTER COMP.	XXXXXXXXXXXX		X,XXX,XXX.XX
TRAILER INTERCHANGE	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	X,XXX,XXX.XX
SPEC. CAUSES OF LOSS			
TRAILER INTER COLL.	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	X,XXX,XXX.XX
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM THREE FOR DED.	X,XXX,XXX.XX
		FOR ALL LOSS EXCEPT FIRE	
		OR LIGHTNING.	
SPECIFIED CAUSES	XXXXXXXXXXXX	SEE ITEM THREE FOR DED.	X,XXX,XXX.XX
OF LOSS		FOR LOSS CAUSED BY	
		MISCHIEF OR VANDALISM	
COLLISION	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	X,XXX,XXX.XX
TOWING AND LABOR	XXXXXXXXXXXX	SEE SCHEDULE FOR LIMIT FOR.	X,XXX,XXX.XX
		EACH DISABLEMENT OF A	
		PRIVATE PASSENGER AUTO	

PREMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX

MOTOR VEHICLE LAW ENFORCEMENT FEE. X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM. \$X,XXX,XXX.XX

BALANCE TO MINIMUM . \$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX

LA. PREMIUM DISCOUNT . X,XXX,XXX.XX

KENTUCKY SURCHARGE . X,XXX,XXX.XX

KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . X,XXX,XXX.XX

MIGA SURCHARGE . X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

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MM/DD/YY

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9X99999 YY99

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99---YY

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

✓AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX
(SEE ENCLOSED EXPLANATION)

✓MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX

✓FHCF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

*****ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

new *THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM
LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY
INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY
NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM
ENDORSEMENT.

***THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

FORMS APPLICABLE: IL0021(11/85),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)

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DATE OF ISSUE: MM/DD/YY

CA7000A 4-08

(10-01)

MM/DD/YY

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9X99999 YY99

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PRIOR POL NO: XXX-XX-XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
(MOTOR CARRIER)

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

-----*
* POLICY NUMBER *
* 9 X 9 - 9 9 - 9 9 --88 *

ITEM ONE:

N A M E D I N S U R E D :

P R O D U C E R :

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST.
XXXXZIPXXX

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST.
XXXXZIPXXX

AGENT NO: AA-9999-9

AGENT NAME: XXXXXXXXXXXXXXXXXXXX

DIRECT (AGENCY) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXX

BUSINESS DESC: XXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED
"AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE
BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION
OF THE COMMERCIAL AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE.

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX	\$.X,XXX,XXX.XX
BODILY INJURY LIABILITY	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX (BI) DEDUCTIBLE	\$.X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	XXXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX PD DEDUCTIBLE	\$.X,XXX,XXX.XX
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
ADDED PERS. INJ. PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	. X,XXX,XXX.XX
AUTO MEDICAL PAYMENTS	XXXXXXXXXXXX	\$XX,XXX	. X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
UNINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	. X,XXX,XXX.XX
UNINSURED MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,X,XX EACH PERSON \$XX,XXX,XXX EACH ACCIDENT.	. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	. X,XXX,XXX.XX
UNDERINS. MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON \$X,XXX,XXX EACH ACCIDENT	. X,XXX,XXX.XX
UNDERINS. MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	. X,XXX,XXX.XX

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER
IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

TRAILER INTER COMP.	XXXXXXXXXXXX		. X,XXX,XXX.XX
TRAILER INTERCHANGE	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	. X,XXX,XXX.XX
SPEC. CAUSES OF LOSS			.
TRAILER INTER COLL.	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	. X,XXX,XXX.XX
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM THREE FOR DED. FOR ALL LOSS EXCEPT FIRE OR LIGHTNING.	. X,XXX,XXX.XX

DATE OF ISSUE: MM/DD/YY

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

SPECIFIED CAUSES XXXXXXXXXXXX ~~\$X,XXX~~ DED FOR LOSS CAUSED. X,XXX,XXX.XX
OF LOSS BY MISCHIEF OR VANDALISM .
COLLISION XXXXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX
TOWING AND LABOR XXXXXXXXXXXX SEE SCHEDULE FOR LIMIT FOR. X,XXX,XXX.XX
EACH DISABLEMENT OF A .
PRIVATE PASSENGER AUTO .

PREMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM. \$X,XXX,XXX.XX

BALANCE TO MINIMUM . \$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX

LA. PREMIUM DISCOUNT . X,XXX,XXX.XX

KENTUCKY SURCHARGE . X,XXX,XXX.XX

KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . X,XXX,XXX.XX

MIGA SURCHARGE . X,XXX,XXX.XX

AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX

FHOF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

~~MN FIRE INS SURCHARGE . X,XXX,XXX.XX~~

*ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

~~THE ABOVE PREMIUM IS AFFECTED BY A MULTIPLE POLICY DISCOUNT. (ONLY PRINT IF APPL~~

FORMS APPLICABLE: IL0021(11/85),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)
XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX),XXXXXXXX(XX/XX)

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DATE OF ISSUE: MM/DD/YY

CA7000A 10-01

MM/DD/YY

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COMMERCIAL AUTO DECLARATIONS**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN**~~Business Auto Coverage Form~~~~Truckers Coverage Form~~~~Motor Carrier Coverage Form~~~~Named Insured~~

POLICY NUMBER: _____

	DESCRIPTION		PURCHASED		TERRITORY		
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged		
1			\$	\$			
2			\$	\$			
3			\$	\$			
4			\$	\$			
5			\$	\$			
	CLASSIFICATION						
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab.	Secondary Rating Factor Phy. Dam.	C o d e
1							
2							
3							
4							
5							
Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	AUTO MEDICAL PAYMENTS		UNINSURED/ <u>UNDERINSURED</u> MOTORISTS		<u>SUPPLEMENTARY UNINSURED/UNDERINSURED</u> MOTORISTS*	
	Limit	Premium	Limit	Premium	Limit	Premium
1	\$	\$				
2	\$	\$				
3	\$	\$				
4	\$	\$				
5	\$	\$				
Total Premium		\$				
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	<u>OPTIONAL BASIC ECONOMIC LOSS</u>			COMPREHENSIVE		
	<u>Limit</u>	<u>Premium</u>	Limit <u>Stated Amount only</u> <u>Stated In</u> <u>ITEM TWO</u> <u>Minus</u> <u>Deductible Shown Below</u>	<u>Ded.</u>	\$ Premium	
1	\$	\$	\$			
2	\$	\$	\$			
3	\$	\$	\$			
4	\$	\$	\$			
5	\$	\$	\$			
Total Premium		\$				

*The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

POLICY NUMBER: _____

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)**

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	SPECIFIED CAUSES OF LOSS		COLLISION		
	Ded. <u>Limit Stated In</u> <u>ITEM TWO</u> <u>Minus</u> <u>Deductible Shown Below</u>	Premium	Limit <u>Stated Amount only</u> <u>Stated In</u> <u>ITEM TWO</u> <u>Minus</u> <u>Deductible Shown Below</u>	Ded.	\$ Premium
1	\$		\$		
2	\$		\$		
3	\$		\$		
4	\$		\$		
5	\$		\$		
Total Premium					

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	TOWING & LABOR				
	Limit Per Disablement	Premium			
1	\$	\$			
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
(MOTOR CARRIER)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT
MEDICAL PAYMENTS	
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME
	LOSS BENEFITS ENDORSEMENT
	MEDICAL EXPENSE BENEFITS
	\$XX,XXX EACH PERSON
	INCOME LOSS BENEFITS
	\$XX,XXX EACH PERSON

UNINSURED MOTORISTS
(INCLUDING UNDERINSURED
MOTORISTS)

UNINSURED MOTORISTS
SUPPLEMENTARY* UNINSURED
UNDERINSURED MOTORISTS BI
UNINSURED MOTORISTS PD
UNINSURED AND UNDERINSURED
MOTORISTS
UNDERINSURED MOTORISTS
UNDERINSURED MOTORISTS PD
UNINSURED AND UNDERINSURED
MOTORISTS PROPERTY DAMAGE

VEHICLE DESCRIPTION / COVERAGE PREMIUM

LOC XXX 123456789012345678901234567890 123456789012345678901234567890
1234567890123456789012345 XX. XXXXX-XXXX TOWN TAX: XXXX

VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX.

XXXX 123456789012 1234567890 1234567890 ID NO 12345678901234567.

COST NEW: 1234567 AGE: 1 RADIUS: 1234567890123 USE: 12345678901.

XXXXXXXXXXXXXXXXXXXXX CLASS: 12345 ZONE: 12345

COVERAGE NAME & MISC INFORMATION	..\$X,XXX,XXX.XX
LIABILITY	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	..\$X,XXX,XXX.XX
	..\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	..\$X,XXX,XXX EACH ACCIDENT
PIP	XXXXX DED .. X,XXX,XXX.XX
ADDL PIP	XXXXX DED .. X,XXX,XXX.XX
PPI	XXXXX DED .. X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS	.. X,XXX,XXX.XX
MEDICAL PAYMENTS	.. X,XXX,XXX.XX
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME
	LOSS BENEFITS ENDORSEMENT
	MEDICAL EXPENSE BENEFITS
	\$XX,XXX EACH PERSON
	INCOME LOSS BENEFITS
	\$XX,XXX EACH PERSON

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DATE OF ISSUE: MM/DD/YY

CONTINUED

CA7001A 4-08 (12-93) MM/DD/YY UND ID 9X99999 YY99

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99---YY

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF DATE: MM/DD/YY

EXP DATE: MM/DD/YY

<u>UNINSURED MOTORISTS</u>			INCLUDED
<u>(INCLUDING UNDERINSURED</u>			
<u>MOTORISTS)</u>			
<u>UNINSURED MOTORISTS</u>			INCLUDED
<u>SUPPLEMENTARY* UNINSURED</u>			INCLUDED
<u>UNDERINSURED MOTORISTS BI</u>			
<u>UNINSURED MOTORISTS PD</u>			INCLUDED
<u>UNINSURED AND UNDERINSURED</u>			INCLUDED
<u>MOTORISTS</u>			
<u>UNDERINSURED MOTORISTS</u>			INCLUDED
<u>UNDERINSURED MOTORISTS PD</u>			INCLUDED
<u>UNINSURED AND UNDERINSURED</u>			INCLUDED
<u>MOTORISTS PROPERTY DAMAGE</u>			
COMPREHENSIVE	XXXXXX	XXXXX DED	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			
SPEC. CAUSES OF LOSS	XXX XXXXXX	XXXXX DED	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			
COLLISION (BROAD/LIM)	XXXXXX	XXXXX DED	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			
TOWING AND LABOR	\$XXX LIMIT EACH DISABLEMENT		X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:			
SOUND RECEIVING AND TRANSMITTING EQUIPMENT			X,XXX,XXX.XX
TAPES AND RECORDS			X,XXX,XXX.XX
RENTAL REIMBURSEMENT			X,XXX,XXX.XX
<u>COVERAGE</u>			
<u>MAXIMUM PAYMENT</u>			
	<u>ANY ONE DAY</u>	<u>NO. OF DAYS</u>	<u>ANY ONE PERIOD.</u>
<u>COMPREHENSIVE</u>	<u>XXX</u>	<u>XXX</u>	<u>XXXX</u>
<u>SPEC. CAUSES LOSS</u>	<u>XXX</u>	<u>XXX</u>	<u>XXXX</u>
<u>COLLISION</u>	<u>XXX</u>	<u>XXX</u>	<u>XXXX</u>
EXTRAORDINARY MEDICAL BENEFITS COVERAGE			X,XXX,XXX.XX
WAIVER OF COLLISION DEDUCTIBLE			X,XXX,XXX.XX
MISCELLANEOUS VEHICLE ENDORSEMENTS			X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP			X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE			X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT			X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE			X,XXX,XXX.XX
<u>MN FIRE INS SURCHARGE</u>			X,XXX,XXX.XX
TOTAL VEHICLE PREMIUM			.\$X,XXX,XXX.XX

REPEAT THE ABOVE FOR EACH VEHICLE

PREMIUM SUMMARY (EXCLUDING VEHICLE ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX.XX
BODILY INJURY	X,XXX,XXX.XX
PROPERTY DAMAGE	X,XXX,XXX.XX

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC., WITH ITS PERMISSION.
 DATE OF ISSUE: MM/DD/YY

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXPOLICY NUMBER: 9X9-99-99---YY
EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

PIP	X,XXX,XXX.XX
ADDL PIP	X,XXX,XXX.XX
PPI	X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS	X,XXX,XXX.XX
MEDICAL PAYMENTS	X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	X,XXX,XXX.XX
<u>UNINSURED MOTORISTS</u>	<u>X,XXX,XXX.XX</u>
<u>(INCLUDING UNDERINSURED</u>	
<u>MOTORISTS)</u>	
UNINSURED MOTORISTS	X,XXX,XXX.XX
SUPPLEMENTARY* UNINSURED	X,XXX,XXX.XX
UNDERINSURED MOTORISTS BI	
UNINSURED MOTORISTS PD	INCLUDED
UNINSURED AND UNDERINSURED	X,XXX,XXX.XX
MOTORISTS	
UNDERINSURED MOTORISTS	X,XXX,XXX.XX
UNDERINSURED MOTORISTS PD	INCLUDED
UNINSURED AND UNDERINSURED	X,XXX,XXX.XX
MOTORISTS PROPERTY DAMAGE	
COMPREHENSIVE	X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	X,XXX,XXX.XX
COLLISION	X,XXX,XXX.XX
TOWING AND LABOR	X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE	X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT	X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	X,XXX,XXX.XX
MN FIRE INS SURCHARGE	X,XXX,XXX.XX

TOTAL \$X,XXX,XXX.XX

PREMIUM FOR CHANGES \$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP	\$X,XXX,XXX.XX
SOUTH CAROLINA RECOUP	\$X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	\$X,XXX,XXX.XX
KENTUCKY SURCHARGE	\$X,XXX,XXX.XX
KENTUCKY MUNICIPAL TAX	\$X,XXX,XXX.XX
MIGA SURCHARGE	\$X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	\$X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	\$X,XXX,XXX.XX
TEXAS AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	\$X,XXX,XXX.XX

TOTAL PREMIUM FOR CHANGES \$X,XXX,XXX.XX

new

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

DATE OF ISSUE: MM/DD/YY

CA7001A 4-08 (12-95)

MM/DD/YY

UND

ID

9X99999 YY99

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
 ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM
 (MOTOR CARRIER)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT
MEDICAL PAYMENTS	
UNINSURED MOTORISTS	
UNINSURED MOTORISTS BI	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
UNINSURED MOTORISTS PD	\$X,XXX,XXX EACH ACCIDENT
UNDERINSURED MOTORISTS	
UNDERINS. MOTORISTS BI	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
UNDERINS. MOTORISTS PD	\$X,XXX,XXX EACH ACCIDENT

 VEHICLE DESCRIPTION / COVERAGE PREMIUM

 LOC XXX 123456789012345678901234567890 123456789012345678901234567890
 1234567890123456789012345 XX. XXXXX-XXXX TOWN TAX: XXXX

LOC. DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

VEH NO XXX TERR: XXX (9 MOS RATING) SPECIAL INT: XX,XX,XX,XX.
 XXXX 123456789012 1234567890 1234567890 ID NO 12345678901234567.
 COST NEW: 1234567 AGE: 1 RADIUS: 1234567890123 USE: 12345678901.
 XXXXXXXXXXXXXXXXXXXXXXXX CLASS: 12345 ZONE: 12345

COVERAGE NAME & MISC INFORMATION		..\$X,XXX,XXX.XX
LIABILITY	\$X,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	..\$X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	..\$X,XXX,XXX.XX
PIP	XXXXX DED	.. X,XXX,XXX.XX
ADDL PIP	XXXXX DED	.. X,XXX,XXX.XX
PPI	XXXXX DED	.. X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS		.. X,XXX,XXX.XX
MEDICAL PAYMENTS		.. X,XXX,XXX.XX
UNINSURED MOTORISTS		.. X,XXX,XXX.XX
UNINSURED MOTORISTS BI	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..
UNINSURED MOTORISTS PD	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS		.. X,XXX,XXX.XX
UNDERINS. MOTORISTS BI	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..
UNDERINS. MOTORISTS PD	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99---YY

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

PIP	. X,XXX,XXX.XX
ADDL PIP	. X,XXX,XXX.XX
PPI	. X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS	. X,XXX,XXX.XX
MEDICAL PAYMENTS	. X,XXX,XXX.XX
UNINSURED MOTORISTS	. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	. X,XXX,XXX.XX
UNDERINSURED MOTORISTS	. X,XXX,XXX.XX
COMPREHENSIVE	. X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	. X,XXX,XXX.XX
COLLISION	. X,XXX,XXX.XX
TOWING AND LABOR	. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE	. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	. X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT	. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	. X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	. X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	. X,XXX,XXX.XX
TEXAS AUTO THEFT ASSESSMENT	. X,XXX,XXX.XX

TOTAL	.\$X,XXX,XXX.XX

PREMIUM FOR CHANGES	.\$X,XXX,XXX.XX
---------------------	-----------------

N.C.R.F. ASSESSMENT RECOUP	.\$X,XXX,XXX.XX
SOUTH CAROLINA RECOUP	.\$X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	.\$X,XXX,XXX.XX
KENTUCKY SURCHARGE	.\$X,XXX,XXX.XX
KENTUCKY MUNICIPAL TAX	.\$X,XXX,XXX.XX
MIGA SURCHARGE	.\$X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	.\$X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	.\$X,XXX,XXX.XX
TEXAS AUTO THEFT ASSESSMENT	.\$X,XXX,XXX.XX

TOTAL PREMIUM FOR CHANGES	.\$X,XXX,XXX.XX

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY
ACCOUNT NAMEXXXXXXXXXXXXXXXXX EFF DATE: MM/DD/YY EXP DATE: MM/DD/YY

COMPREHENSIVE	XXXXXX	XXXXX DED	. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			.
SPEC. CAUSES OF LOSS	XXX XXXXXX	XXXXX DED	. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			.
COLLISION (BROAD/LIM)	XXXXXX	XXXXX DED	. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX			.
TOWING AND LABOR	\$XXX LIMIT EACH DISABLEMENT		. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:			
SOUND RECEIVING AND TRANSMITTING EQUIPMENT			. X,XXX,XXX.XX
TAPES AND RECORDS			. X,XXX,XXX.XX
RENTAL REIMBURSEMENT			. X,XXX,XXX.XX
EXTRAORDINARY MEDICAL BENEFITS COVERAGE			. X,XXX,XXX.XX
WAIVER OF COLLISION DEDUCTIBLE			. X,XXX,XXX.XX
MISCELLANEOUS VEHICLE ENDORSEMENTS			. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP			. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE			. X,XXX,XXX.XX
SOUTH CAROLINA RECOUPMENT			. X,XXX,XXX.XX
TEXAS AUTO THEFT ASSESSMENT			. X,XXX,XXX.XX
TOTAL VEHICLE PREMIUM			. \$X,XXX,XXX.XX

REPEAT THE ABOVE FOR EACH VEHICLE

PREMIUM SUMMARY (EXCLUDING VEHICLE ENDORSEMENTS)	.
LIABILITY	. \$X,XXX,XXX.XX
BODILY INJURY	. X,XXX,XXX.XX
PROPERTY DAMAGE	. X,XXX,XXX.XX

GARAGE DECLARATIONS

PRIOR
POL. NO.

POLICY
NUMBER

ITEM ONE

Policy Period From: _____ To: _____
(12:01 AM Standard Time at Your Mailing Address Shown Below)

Named Insured _____

Mailing Address _____

The Named Insured is ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other _____

In return for the payment of the premium and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

Producer _____

EMC Insurance Companies

- | | |
|--|---|
| <input type="checkbox"/> Employers Mutual Casualty Company | <input type="checkbox"/> Dakota Fire Insurance Company |
| <input type="checkbox"/> EMCASCO Insurance Company | <input type="checkbox"/> Illinois EMCASCO Insurance Company |
| <input type="checkbox"/> Union Insurance Company of Providence | <input type="checkbox"/> EMC Property & Casualty Company |
| <input type="checkbox"/> Hamilton Mutual Insurance Company | |
- (Coverage Provided by the Company Designated ☒ Above)

PREMIUM FOR ENDORSEMENTS	\$
*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.		
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
LIABILITY		Each "Accident" "Garage Operations"		Aggregate – "Garage Operations"	\$
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.			\$
<u>OPTIONAL BASIC ECONOMIC LOSS</u>		\$			\$
MEDICAL PAYMENTS		\$			\$
<u>MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)</u>		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ EACH PERSON			\$
<u>UNINSURED AND UNDERINSURED MOTORISTS</u>		\$			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

<u>SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**</u>		\$	\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT	\$
GARAGEKEEPERS COLLISION COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE TOWING AND LABOR (Non-Dealers Only)		See Schedule for limit for each disablement of a private passenger auto.	\$
NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE			\$
AUTOMOBILE THEFT PREVENTION AUTHORITY FEE(SEE ENCLOSED EXPLANATION)			\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

*This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

****The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.**

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXTRANSACTIONXXX

PRIOR POL NO: XXX XX XX

G A R A G E C O V E R A G E F O R M D E C L A R A T I O N S

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

* POLICY NUMBER *
* 9 X 9 - 9 9 - 9 9 ---99 *

ITEM ONE:

N A M E D I N S U R E D :

P R O D U C E R :

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXXX

NAME LINE 1XXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXXX
AGENT NO: XX-XXX-X
AGENT PHONE: (999)999-9999
XXXXXXXXXXXX X XXXXXXXXXXXXXXXX

AGENCY (DIRECT) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXX BUSINESS DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS".

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
LIABILITY	XXXXXXXXXXXX	EACH "ACCIDENT"	.\$X,XXX,XXX.XX
		"GARAGE OPERATIONS"	.
		\$XX,XXX,XXX "AUTO" ONLY	.
		\$XX,XXX,XXX OTHER THAN	.
		"AUTO" ONLY	.
		\$XX,XXX,XXX AGGREGATE	.
		"GARAGE OPERATIONS"	.
		OTHER THAN "AUTO" ONLY	.
		\$XX,XXX BI DEDUCTIBLE	.
		\$XX,XXX PD DEDUCTIBLE	.
<u>MEDICAL EXPENSE AND</u>		SEPARATELY STATED IN EACH.	X,XXX,XXX.XX
<u>INCOME LOSS BENEFITS</u>		<u>MEDICAL EXPENSE & INCOME</u>	.
		<u>LOSS BENEFITS ENDORSEMENT</u>	.
		<u>MEDICAL EXPENSE BENEFITS</u>	.
		<u>\$XX,XXX EACH PERSON</u>	.
		<u>INCOME LOSS BENEFITS</u>	.
		<u>\$XX,XXX EACH PERSON</u>	.
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
ADDED PERS. INJ. PROT	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
BROADENED PIP	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	X,XXX,XXX.XX
<u>OPTIONAL BASIC</u>	<u>XXXXXXXXXXXX</u>	<u>\$XX,XXX,XXX</u>	<u>X,XXX,XXX.XX</u>
<u>ECONOMIC LOSS</u>			.
MEDICAL PAYMENTS INS.	XXXXXXXXXXXX	\$XX,XXX	X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

(CONTINUED)

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(40-01)

MM/DD/YY

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ID

XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

UNINSURED MOTORISTS XXXXXXXXXXXX SEE ENDORSEMENT CA7093A . X,XXX,XXX.XX
 (INCL. UNDERINSURED MOTORISTS)

UNINSURED MOTORISTS XXXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX
 UNINSURED MOTORISTS BI XXXXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
 \$XX,XXX,XXX EACH ACCIDENT.

SUPPLEMENTARY** XXXXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
 UNINSURED/UNDERINSURED \$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX

MOTORISTS
 UNINSURED AND UNDER- XXXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX
 INSURED MOTORISTS

UNINSURED MOTORISTS PD XXXXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX
 UNINSURED AND UNDER- XXXXXXXXXXXX \$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX
 INSURED MOTORISTS PD

UNDERINSURED MOTORISTS XXXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX
 (WHEN NOT INCLUDED IN UM COV)

UNDERINS. MOTORISTS BI XXXXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
 (WHEN NOT INCLUDED IN UM COV) \$X,XXX,XXX EACH ACCIDENT .

UNDERINSURED MOTORISTS PD XXXXXXXXXXXX \$X,XXX,XXX EACH ACCIDENT . X,XXX,XXX.XX

GARAGEKEEPERS INSURANCE
 COMPREHENSIVE XXXXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX
 SPECIFIED CAUSES XXXXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX
 OF LOSS

COLLISION XXXXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER
 IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

COMPREHENSIVE XXXXXXXXXXXX SEE ITEM XXXXX FOR DED. . X,XXX,XXX.XX
 FOR ALL LOSS EXCEPT FIRE .
 OR LIGHTNING. .

SPECIFIED CAUSES XXXXXXXXXXXX SEE ITEM XXXXX FOR DED. . X,XXX,XXX.XX
 OF LOSS FOR LOSS CAUSED BY .
 MISCHIEF OR VANDALISM. .

COLLISION XXXXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX
 TOWING AND LABOR XXXXXXXXXXXX SEE SCHEDULE FOR LIMIT .
 FOR EACH DISABLEMENT OF A .
 PRIVATE PASSENGER "AUTO" .

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC. WITH ITS PERMISSION.
 DATE OF ISSUE: MM/DD/YY (CONTINUED)

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY

EXP. DATE: MM/DD/YY

PREMIUM FOR ITEM 6 . \$X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT . \$X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM . \$X,XXX,XXX.XX

NY MOTOR VEHICLE LAW ENFORCEMENT FEE . \$X,XXX,XXX.XX

BALANCE TO MINIMUM . \$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . \$X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . \$X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION . \$X,XXX,XXX.XX

TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . \$X,XXX,XXX.XX

(SEE ENCLOSED EXPLANATION)

FHCF EMERGENCY ASSESSMENT . \$X,XXX,XXX.XX

*ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

DEPOSIT PREMIUM . \$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

**THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

FORMS APPLICABLE: XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
XXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
XXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
XXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER
IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM XXXXX FOR DED.	. X,XXX,XXX.XX
		FOR ALL LOSS EXCEPT FIRE	.
		OR LIGHTNING.	.
SPECIFIED CAUSES	XXXXXXXXXXXX	\$X,XXX DED. FOR LOSS	. X,XXX,XXX.XX
OF LOSS		CAUSED BY MISCHIEF OR	.
		VANDALISM.	.
COLLISION	XXXXXXXXXXXX	SEE SCHEDULE FOR DED.	. X,XXX,XXX.XX
TOWING AND LABOR	XXXXXXXXXXXX	SEE SCHEDULE FOR LIMIT	.
		FOR EACH DISABLEMENT OF A	.
		PRIVATE PASSENGER "AUTO"	.

PREMIUM FOR ITEM 6 . \$X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT . \$X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM . \$X,XXX,XXX.XX

BALANCE TO MINIMUM . \$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . \$X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . \$X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION . \$X,XXX,XXX.XX

FHCf EMERGENCY ASSESSMENT . \$X,XXX,XXX.XX

~~MN FIRE INS SURCHARGE . \$X,XXX,XXX.XX~~

*ESTIMATED TOTAL POLICY PREMIUM . \$X,XXX,XXX.XX

DEPOSIT PREMIUM . \$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

FORMS APPLICABLE: XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
 XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
 XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)
 XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX), XXXXXXXX(XX/XX)

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PRIOR POL NO: XXX-XX-XX

G A R A G E C O V E R A G E F O R M D E C L A R A T I O N S

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY

* POLICY NUMBER

ITEM ONE:

* 9 X 9 = 9 9 = 9 9 = 9 9 = 9 9 *

N A M E D I N S U R E D :

P R O D U C E R :

```
NAME LINE 1XXXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXXX
NAME LINE 3XXXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXXX
```

NAME LINE 1XXXXXXXXXXXXXXXXXXXXX
NAME LINE 2XXXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 1XXXXXXXXXXXXXXXXXXXXX
ADDRESS LINE 2XXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXX, ST XXXXZIPXXX
AGENT NO: XX-XXX-X
AGENT PHONE: (999)999-9999
XXXXXXXXXX X XXXXXXXXXXXXXXXX

AGENCY (DIRECT) BILL

INSURED IS: XXXXXXXXXXXXXXXXXXXX BUSINESS DESC: XXXXXXXXXXXXXXXXXXXXXXXXXX

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS".

COVERAGES	COVERED AUTOS	LIMITS/DEDUCTIBLES	PREMIUM
LIABILITY	XXXXXXXXXXXX	EACH "ACCIDENT"	\$X,XXX,XXX.XX
		"GARAGE OPERATIONS"	
		\$XX,XXX,XXX "AUTO" ONLY	
		\$XX,XXX,XXX OTHER THAN	
		"AUTO" ONLY	
		\$XX,XXX,XXX AGGREGATE	
		'GARAGE OPERATIONS'	
		OTHER THAN "AUTO" ONLY	
		\$XX,XXX BI DEDUCTIBLE	
		\$XX,XXX PD DEDUCTIBLE	
PERSONAL INJURY PROT.	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
ADDED PERS. INJ. PROT	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
BROADENED PIP	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
PROPERTY PROTECTION	XXXXXXXXXXXX	\$X,XXX DEDUCTIBLE	X,XXX,XXX.XX
MEDICAL PAYMENTS INS.	XXXXXXXXXXXX	\$XX,XXX	X,XXX,XXX.XX
DEATH BENEFITS	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
TOTAL DISABILITY	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
UNINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	X,XXX,XXX.XX
UNINSURED MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	X,XXX,XXX.XX
		\$XX,XXX,XXX EACH ACCIDENT.	
UNINSURED MOTORISTS PD	XXXXXXXXXXXX	SEE ENDORSEMENT	X,XXX,XXX.XX
UNDERINSURED MOTORISTS	XXXXXXXXXXXX	\$XX,XXX,XXX	X,XXX,XXX.XX
UNDERINS. MOTORISTS BI	XXXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON	X,XXX,XXX.XX
		\$X,XXX,XXX EACH ACCIDENT	
GARAGEKEEPERS INSURANCE			
COMPREHENSIVE	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED)	X,XXX,XXX.XX
SPECIFIED CAUSES	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED)	X,XXX,XXX.XX
OF LOSS			
COLLISION	XXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED)	X,XXX,XXX.XX

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GARAGE SUPPLEMENTARY SCHEDULE

☐ **DEALERS' — ITEM NINE** (Schedule of Covered Autos which are furnished to someone other than a Class I or II Operator or which are insured on a specialized car basis.

POLICY
NUMBER

☐ **NON DEALERS' AND TRAILER DEALERS' — ITEM SEVEN**

Named Insured _____

ITEM SEVEN

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			PURCHASED		TERRITORY		
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged		
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			
5				\$	\$			
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	
1								
2								
3								
4								
5								

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	AUTO MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit	Premium	<u>MEDICAL EXPENSE AND INCOME LOSS BENEFITS</u> (Virginia Only)			
			Limit	Premium	Limit	Premium
			<u>Limited Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person</u>		<u>Premium</u>	
1	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$

<u>Covered Auto No.</u>	<u>COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)</u>			
	<u>UNINSURED & UNDERINSURED MOTORISTS</u>			
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				
<u>Total Premium</u>				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	COMPREHENSIVE			SPECIFIED CAUSES OF LOSS	
	Limit	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
	Stated Amount Only				
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
Total Premium			\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	COLLISION			TOWING & LABOR	
	Limit	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
	Stated Amount Only				
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
Total Premium			\$		\$

<u>Covered Auto No.</u>	<u>Person or organization to which the Covered "Auto" has been furnished (Do not include Covered "Autos" which have been furnished to Class I or Class II operators.)</u>
<u>1</u>	
<u>2</u>	
<u>3</u>	
<u>4</u>	
<u>5</u>	

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

****GARAGE DECLARATIONS - DEALERS'**

NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM**

ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO
SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH
ARE INSURED ON A SPECIFIED CAR BASIS

ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS)

LIABILITY	\$X,XXX,XXX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON
	\$X,XXX,XXX EACH ACCIDENT
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT
MEDICAL PAYMENTS	
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH
INCOME LOSS BENEFITS	MEDICAL EXPENSE & INCOME
	LOSS BENEFITS ENDORSEMENT
	MEDICAL EXPENSE BENEFITS
	\$XX,XXX EACH PERSON
	INCOME LOSS BENEFITS
	\$XX,XXX EACH PERSON

UNINSURED MOTORISTS
(INCLUDING UNDERINSURED
MOTORISTS)
UNINSURED MOTORISTS BI
UNINSURED MOTORISTS BI AND PD
SUPPLEMENTARY* UNINSURED
UNDERINSURED MOTORISTS BI
UNINSURED MOTORISTS PD
UNINSURED AND UNDERINSURED
MOTORISTS
UNDERINSURED MOTORISTS BI
UNDERINSURED MOTORISTS PD
UNINSURED AND UNDERINSURED
MOTORISTS PROPERTY DAMAGE

new

VEHICLE DESCRIPTION / COVERAGE

PREMIUM

LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST. ZIPXX-XXXX TOWN TAX: XXXX

VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX.
YEAR MAKEXXXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567.
COST NEW: XXXXXXXX AGE: X RADIUS: XXXXXXXXXXXXXXXX USE: XXXXXXXXXXXXX.
XXXXXXXXXXXXXXXXXXXXX CLASS: XXXXX/XXXXX ZONE: XXXXX.

LIABILITY	\$X,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PIP	XXXXX DED	.. X,XXX,XXX.XX
FIRST PARTY BENEFITS	XXXXX DED	.. X,XXX,XXX.XX
BASIC REPARATIONS	XXXXX DED	.. X,XXX,XXX.XX
ADDED PIP		.. X,XXX,XXX.XX
ADDED FIRST PARTY BEN.		.. X,XXX,XXX.XX
ADDED REPARATION BENEFITS		.. X,XXX,XXX.XX
BROADENED PIP		.. X,XXX,XXX.XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

BROADENED FIRST PARTY BEN.				X,XXX,XXX.XX
BROADENED REPARATION BENEFITS				X,XXX,XXX.XX
COMB. FIRST PARTY BEN.				X,XXX,XXX.XX
ACCIDENTAL DEATH BEN.				X,XXX,XXX.XX
WORK LOSS COVERAGE				X,XXX,XXX.XX
PPI		XXXXX DED		X,XXX,XXX.XX
OPTIONAL BASIC ECONOMIC LOSS	\$X,XXX.XX			X,XXX,XXX.XX
MEDICAL PAYMENTS	\$XXXXX			X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	SEPARATELY STATED IN EACH MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT			X,XXX,XXX.XX
	MEDICAL EXPENSE BENEFITS			
	\$XX,XXX EACH PERSON			
	INCOME LOSS BENEFITS			
	\$XX,XXX EACH PERSON			
UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS)				INCLUDED
UNINSURED MOTORISTS SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI				INCLUDED
UNINSURED MOTORISTS PD				INCLUDED
UNINSURED AND UNDERINSURED MOTORISTS				INCLUDED
UNDERINSURED MOTORISTS BI				INCLUDED
UNDERINSURED MOTORISTS PD				INCLUDED
UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE				INCLUDED
COMPREHENSIVE ACV	XXXXX DED			X,XXX,XXX.XX
COMPREHENSIVE XXXXXX	XXXXX DED			X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				
SPEC. CAUSES OF LOSS XXX XXXXXX	XXXXX DED			X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				X,XXX,XXX.XX
COLLISION ACV	XXXXX DED			X,XXX,XXX.XX
COLLISION (BROADENED) ACV	XXXXX DED			X,XXX,XXX.XX
COLLISION (LIMITED) ACV	XXXXX DED			X,XXX,XXX.XX
COLLISION XXXXXX	XXXXX DED			X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				
COLLISION (BROADENED) XXXXXX	XXXXX DED			\$X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				
COLLISION (LIMITED) XXXXXX	XXXXX DED			X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX				
TOWING AND LABOR	\$XXX LIMIT PER DISABLEMENT			X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:				
WAIVER OF COLLISION DEDUCTIBLE				X,XXX,XXX.XX
SOUND RECEIVING AND TRANSMITTING EQUIPMENT				X,XXX,XXX.XX
TAPES AND RECORDS				X,XXX,XXX.XX
RENTAL REIMBURSEMENT				X,XXX,XXX.XX
COVERAGE	MAXIMUM PAYMENT			
	ANY ONE DAY NO. OF DAYS ANY ONE PERIOD.			
COMPREHENSIVE	XXX XXX XXXX			X,XXX,XXX.XX
SPEC. CAUSES OF LOSS	XXX XXX XXXX			X,XXX,XXX.XX
COLLISION	XXX XXX XXXX			X,XXX,XXX.XX
EXTRAORDINARY MEDICAL BENEFITS COVERAGE				X,XXX,XXX.XX
PROPERTY DAMAGE BUYBACK				X,XXX,XXX.XX
LEASING OR RENTAL CONCERNS				X,XXX,XXX.XX
OTHER COVERAGESXXXXXXXXXX				X,XXX,XXX.XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

N.C.R.F. ASSESSMENT RECOUP	..	X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT	..	X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	..	X,XXX,XXX.XX
MN FIRE INS SURCHARGE	..	X,XXX,XXX.XX

	TOTAL VEHICLE PREMIUM	..	X,XXX,XXX.XX
LIABILITY	\$X,XXX,XXX	..	\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	..	X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..	X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	..	X,XXX,XXX.XX
PIP	XXXXX DED	..	X,XXX,XXX.XX
<u>OPTIONAL BASIC ECONOMIC LOSS</u>	<u>\$X,XXX,XX</u>	..	<u>X,XXX,XXX.XX</u>

MEDICAL PAYMENTS	\$XXXXX	..	X,XXX,XXX.XX
MEDICAL EXPENSE AND	SEPARATELY STATED IN EACH	..	X,XXX,XXX.XX
<u>INCOME LOSS BENEFITS</u>	<u>MEDICAL EXPENSE & INCOME</u>	..	
	<u>LOSS BENEFITS ENDORSEMENT</u>	..	
	<u>MEDICAL EXPENSE BENEFITS</u>	..	
	<u>\$XX,XXX EACH PERSON</u>	..	
	<u>INCOME LOSS BENEFITS</u>	..	
	<u>\$XX,XXX EACH PERSON</u>	..	

<u>UNINSURED MOTORISTS</u>	..	<u>INCLUDED</u>
<u>(INCLUDING UNDERINSURED</u>	..	
<u>MOTORISTS)</u>	..	

UNINSURED MOTORISTS	..	INCLUDED
<u>SUPPLEMENTARY* UNINSURED</u>	..	<u>INCLUDED</u>

<u>UNDERINSURED MOTORISTS BI</u>	..	
UNINSURED MOTORISTS PD	..	INCLUDED
<u>UNINSURED AND UNDERINSURED</u>	..	<u>INCLUDED</u>
<u>MOTORISTS</u>	..	

<u>UNDERINSURED MOTORISTS BI</u>	..	INCLUDED
<u>UNDERINSURED MOTORISTS PD</u>	..	<u>INCLUDED</u>
<u>UNINSURED AND UNDERINSURED</u>	..	<u>INCLUDED</u>

<u>MOTORISTS PROPERTY DAMAGE</u>	..		
COMPREHENSIVE ACV	XXXXX DED	..	X,XXX,XXX.XX
COMPREHENSIVE XXXXXX	XXXXX DED	..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		..	
SPEC. CAUSES OF LOSS XXX ACV	XXXXX DED	..	X,XXX,XXX.XX
SPEC. CAUSES OF LOSS XXX XXXXXX	XXXXX DED	..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		..	
COLLISION ACV	XXXXX DED	..	X,XXX,XXX.XX
COLLISION XXXXXX	XXXXX DED	..	X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		..	X,XXX,XXX.XX
TOWING AND LABOR	\$XXX LIMIT PER DISABLEMENT	..	X,XXX,XXX.XX
	TOTAL VEHICLE PREMIUM	..	X,XXX,XXX.XX

VEHICLE ENDORSEMENTS:	..	
SOUND RECEIVING AND TRANSMITTING EQUIPMENT	..	X,XXX,XXX.XX
TAPES AND RECORDS	..	X,XXX,XXX.XX
RENTAL REIMBURSEMENT	..	X,XXX,XXX.XX

<u>COVERAGE</u>	<u>MAXIMUM PAYMENT</u>	..	
	<u>ANY ONE DAY</u>	<u>NO. OF DAYS</u>	<u>ANY ONE PERIOD.</u>
COMPREHENSIVE	XXX	XXX	XXXX
SPEC. CAUSES OF LOSS	XXX	XXX	XXXX
COLLISION	XXX	XXX	XXXX
LEASING OR RENTAL CONCERNS			
OTHER COVERAGESXXXXXXXXXX			

TOTAL VEHICLE PREMIUM	..	X,XXX,XXX.XX
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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE

ITEM (SEVEN) (NINE) PREMIUM SUMMARY

LIABILITY	..\$X,XXX,XXX.XX
LIABILITY (PD)	.. X,XXX,XXX.XX
PIP	.. X,XXX,XXX.XX
ADDITIONAL PIP	.. X,XXX,XXX.XX
COMBINATION FIRST PARTY BENEFITS	.. X,XXX,XXX.XX
ACCIDENTAL DEATH BENEFITS	.. X,XXX,XXX.XX
BROADENED PIP	.. X,XXX,XXX.XX
WORK LOSS COVERAGE	.. X,XXX,XXX.XX
OPTIONAL BASIC ECONOMIC LOSS	.. X,XXX,XXX.XX
MEDICAL PAYMENTS	.. X,XXX,XXX.XX
MEDICAL EXPENSE AND INCOME LOSS BENEFITS	.. X,XXX,XXX.XX
UNINSURED MOTORISTS	.. X,XXX,XXX.XX
(INCLUDING UNDERINSURED MOTORISTS)	..
UNINSURED MOTORISTS	.. X,XXX,XXX.XX
SUPPLEMENTARY* UNINSURED	.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS BI	..
UNINSURED MOTORISTS PD	.. INCLUDED
UNINSURED AND UNDERINSURED	.. X,XXX,XXX.XX
MOTORISTS	..
UNDERINSURED MOTORISTS BI	.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS PD	.. INCLUDED
UNINSURED AND UNDERINSURED	.. X,XXX,XXX.XX
MOTORISTS PROPERTY DAMAGE	..
COMPREHENSIVE	..
SPECIFIED CAUSES OF LOSS	.. X,XXX,XXX.XX
COLLISION	.. X,XXX,XXX.XX
TOWING AND LABOR	.. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	.. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT	.. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	.. X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	.. X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	.. X,XXX,XXX.XX
NY MOTOR VEHICLE LAW ENFORCEMENT FEE	.. X,XXX,XXX.XX
TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	.. X,XXX,XXX.XX
MN FIRE INS SURCHARGE	.. X,XXX,XXX.XX

TOTAL	..\$X,XXX,XXX.XX
PREMIUM FOR CHANGES	..\$X,XXX,XXX.XX

LA PREMIUM DISCOUNT	.. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	.. X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	.. X,XXX,XXX.XX
MIGA SURCHARGE	.. X,XXX,XXX.XX

TOTAL PREMIUM FOR CHANGES	..\$X,XXX,XXX.XX
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*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

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END REPORT

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

**GARAGE DECLARATIONS - DEALERS'

NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM**

ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO
SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH
ARE INSURED ON A SPECIFIED CAR BASIS

ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE DESCRIPTION / COVERAGE

PREMIUM

LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXXXX

CITYXXXXXXXXXXXXXXXXXXXX ST. ZIPXX-XXXX

TOWN TAX: XXXX

VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX.

YEAR MAKEXXXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567.

COST NEW: XXXXXXXX AGE: X RADIUS: XXXXXXXXXXXXXXXX USE: XXXXXXXXXXXXX.

XXXXXXXXXXXXXXXXXXXXX CLASS: XXXXX/XXXXX ZONE: XXXXX.

LIABILITY	\$X,XXX,XXX	..\$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PIP	XXXXX DED	.. X,XXX,XXX.XX
FIRST PARTY BENEFITS	XXXXX DED	.. X,XXX,XXX.XX
BASIC REPARATIONS	XXXXX DED	.. X,XXX,XXX.XX
ADDED PIP		.. X,XXX,XXX.XX
ADDED FIRST PARTY BEN.		.. X,XXX,XXX.XX
ADDED REPARATION BENEFITS		.. X,XXX,XXX.XX
BROADENED PIP		.. X,XXX,XXX.XX
BROADENED FIRST PARTY BEN.		.. X,XXX,XXX.XX
BROADENED REPARATION BENEFITS		.. X,XXX,XXX.XX
COMB. FIRST PARTY BEN.		.. X,XXX,XXX.XX
ACCIDENTAL DEATH BEN.		.. X,XXX,XXX.XX
WORK LOSS COVERAGE		.. X,XXX,XXX.XX
PPI	XXXXX DED	.. X,XXX,XXX.XX
MEDICAL PAYMENTS	XXXXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS	\$X,XXX,XXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS BI	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	..
UNINSURED MOTORISTS PD		.. INCLUDED
UNINSURED MOTORISTS PD		.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS	\$X,XXX,XXX	.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS	\$X,XXX,XXX	.. INCLUDED
UNDERINS. MOTORISTS BI	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
UNDERINS. MOTORISTS BI	\$X,XXX,XXX EACH PERSON	.. INCLUDED
	\$X,XXX,XXX ACCIDENT	..
COMPREHENSIVE	ACV XXXXX DED	.. X,XXX,XXX.XX
COMPREHENSIVE	XXXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		..
SPEC. CAUSES OF LOSS	XXX XXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		.. X,XXX,XXX.XX
COLLISION	ACV XXXXX DED	.. X,XXX,XXX.XX
COLLISION (BROADENED)	ACV XXXXX DED	.. X,XXX,XXX.XX
COLLISION (LIMITED)	ACV XXXXX DED	.. X,XXX,XXX.XX
COLLISION	XXXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		..

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

COLLISION (BROADENED) XXXXXX	XXXXX DED	.\$X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		"
COLLISION (LIMITED) XXXXXX	XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		"
TOWING AND LABOR	\$XXX LIMIT EACH DISABLEMENT	.. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:		
WAIVER OF COLLISION DEDUCTIBLE		.. X,XXX,XXX.XX
SOUND RECEIVING AND TRANSMITTING EQUIPMENT		.. X,XXX,XXX.XX
TAPES AND RECORDS		.. X,XXX,XXX.XX
RENTAL REIMBURSEMENT		.. X,XXX,XXX.XX
EXTRAORDINARY MEDICAL BENEFITS COVERAGE		.. X,XXX,XXX.XX
PROPERTY DAMAGE BUYBACK		.. X,XXX,XXX.XX
LEASING OR RENTAL CONCERNS		.. X,XXX,XXX.XX
OTHER COVERAGESXXXXXXXXXX		.. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP		.. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT		.. X,XXX,XXX.XX
TOTAL VEHICLE PREMIUM		.. X,XXX,XXX.XX

~~VEH NO XXX TERR: XXX SPECIAL INT: XX,XX.~~
~~YEAR MAKEXXXXXXXXX MODELXXXXX TYPEXXXXX ID NO 12345678901234567.~~
~~PERSONAL AUTO SYMBOL: XX AGE: X CLASS: XXXXXXXXXXXX~~

LIABILITY	\$X,XXX,XXX	.. \$X,XXX,XXX.XX
BODILY INJURY LIABILITY	\$X,XXX,XXX EACH PERSON	.. X,XXX,XXX.XX
	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PROPERTY DAMAGE LIAB.	\$X,XXX,XXX EACH ACCIDENT	.. X,XXX,XXX.XX
PIP	XXXXX DED	.. X,XXX,XXX.XX
MEDICAL PAYMENTS	XXXXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS	\$X,XXX,XXX	.. X,XXX,XXX.XX
UNINSURED MOTORISTS PD		.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS	\$X,XXX,XXX	.. INCLUDED
COMPREHENSIVE	ACV XXXXX DED	.. X,XXX,XXX.XX
COMPREHENSIVE	XXXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		"
SPEC. CAUSES OF LOSS	XXX ACV XXXXX DED	.. X,XXX,XXX.XX
SPEC. CAUSES OF LOSS	XXX XXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		"
COLLISION	ACV XXXXX DED	.. X,XXX,XXX.XX
COLLISION	XXXXXX XXXXX DED	.. X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX		.. X,XXX,XXX.XX
TOWING AND LABOR	\$XXX LIMIT EACH DISABLEMENT	.. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS:		
SOUND RECEIVING AND TRANSMITTING EQUIPMENT		.. X,XXX,XXX.XX
TAPES AND RECORDS		.. X,XXX,XXX.XX
RENTAL REIMBURSEMENT		.. X,XXX,XXX.XX
LEASING OR RENTAL CONCERNS		.. X,XXX,XXX.XX
OTHER COVERAGESXXXXXXXXXX		.. X,XXX,XXX.XX
TOTAL VEHICLE PREMIUM		.. X,XXX,XXX.XX

 REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE

ITEM (SEVEN) (NINE) PREMIUM SUMMARY

LIABILITY	.. \$X,XXX,XXX.XX
LIABILITY (PD)	.. X,XXX,XXX.XX
PIP	.. X,XXX,XXX.XX
ADDITIONAL PIP	.. X,XXX,XXX.XX
BROADENED PIP	.. X,XXX,XXX.XX

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY NUMBER: 9X9-99-99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXXXX

EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

COMBINATION FIRST PARTY BENEFITS	..\$X,XXX,XXX.XX
ACCIDENTAL DEATH BENEFITS	.. X,XXX,XXX.XX
WORK LOSS COVERAGE	.. X,XXX,XXX.XX
MEDICAL PAYMENTS	.. X,XXX,XXX.XX
UNINSURED MOTORISTS	.. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	.. X,XXX,XXX.XX
UNINSURED MOTORISTS PD	.. INCLUDED
UNDERINSURED MOTORISTS <i>RT</i>	.. X,XXX,XXX.XX
UNDERINSURED MOTORISTS <i>PD</i>	.. INCLUDED
COMPREHENSIVE	.. X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS	.. X,XXX,XXX.XX
COLLISION	.. X,XXX,XXX.XX
TOWING AND LABOR	.. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	.. X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT	.. X,XXX,XXX.XX
VEHICLE ENDORSEMENTS	.. X,XXX,XXX.XX
LA. PREMIUM DISCOUNT	.. X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT	.. X,XXX,XXX.XX
MN FIRE INS SURCHARGE	.. X,XXX,XXX.XX
	..-----
TOTAL	..\$X,XXX,XXX.XX

PREMIUM FOR CHANGES	..\$X,XXX,XXX.XX
	..
LA PREMIUM DISCOUNT	.. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	.. X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP	.. X,XXX,XXX.XX
MIGA SURCHARGE	.. X,XXX,XXX.XX
	..-----
TOTAL PREMIUM FOR CHANGES	..\$X,XXX,XXX.XX
	..-----

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